Lectures
ON
OPERATIVE OPHTHALMIC SURGERY.

Delivered at St. George's Hospital.

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LECTURE I.—PART I.

GENTLEMEN,—Apart altogether from the many questions of pathology and of therapeutics that have to be taken into account, the operative surgery of the eye is an art that demands, from any who would either understand or practise it, a careful and twofold study: first, the study of the mechanical acts that are to be accomplished by the surgeon, and of the various difficulties that may interfere with their accomplishment; next, the training of the hands to do the work to which they are to be put. In the operating theatre of the hospital you will have constant opportunities of seeing all the chief operations upon the eye performed with such skill as I can command; but I have nevertheless wished you to meet me here also, in order that I may explain many details which would there be tedious and out of place, and in order that, by the possession of certain *corpora vilia*, in the shape of the eyes of animals, I may be able to show you, in the first place, what ought to be done, and, in the next, what ought to be avoided. In the operating theatre one strives, of course, to limit teaching by example strictly to the former category; but here it will not only be permissible, but useful and advantageous, to exhibit the consequences that may follow from using instruments in an improper direction, or with an undue degree of force.

Notwithstanding, or possibly even on account of, the delicacy and complexity of its structure, the eye is extremely tolerant of surgical interference. I may illustrate this tolerance by our experience here during the past summer and autumn, commencing with the 1st of May. In twenty-six working weeks from that date, a period which my vacation carries down to the 15th of November, I performed 212 operations in the theatre upstairs. Six of these were cases of enucleation, which may be set aside; and only two of the remaining 206 were followed by consequences destructive to the eye. In one of them, an iridectomy, undertaken as a forlorn hope, and attended by great loss of vitreous humour, led to wasting of the globe; and, in another, the same operation was followed a few days after its performance, and when the incision had already healed, by destructive purulent ophthalmia, possibly in some unknown way dependent upon what had been done, but possibly the result of accidental inoculation by a vaginal discharge from which the patient was suffering at the time.

I have selected the 1st of May as the starting point for this enumeration, because from that date the records of operations have been kept upon a plan somewhat different from that which had been adopted previously. The number 212 is far too small, and the period of time included is both too short and too near to us for the results of these operations to have any bearing upon questions of general statistics, or any value as evidence either for or against the desirableness of any particular method of procedure. They will serve, however, to show with approximative correctness the relative frequency with which different procedures will be required. The operations represent a smaller number of patients, because in twenty-one persons both eyes were operated upon; and sixteen eyes were operated upon more than once; as in cases where the capsule of an immature hard cataract was lacerated a few days prior to extraction; or in which a soft cataract was broken up with a needle a few days prior to removal by suction; or in which residual shreds of capsule or false membrane required division or removal subsequently to any form of cataract operation. The operations which involved penetration of the eyeball itself, or its removal, were 127; those on the conjunctiva, muscles, eyelids, or lacrymal apparatus were 85: each class composed as set forth in the following table:—

Extraction of cataract	22
Discission of cataract	2
Suction of cataract	9
Laceration of capsule to mature cataract .	3
Division of capsule	10
Extraction of capsule	1
Iridectomy	68
Corelysis	4
Abscission of staphyloma	2
Enucleation of eyeball	6
Cauterisation of nævus	1
Cauterisation of bulbs of cilia	1
Division of stricture of nasal duct	12
Division of external canthi	8
Division of external recti muscles	5
Syndectomy	1
Operation for strabismus	33
„ „ trichiasis	18
„ „ ptosis	1
„ „ entropium	1
„ „ ectropium	3
„ „ symblepharon	1

To these figures we shall by-and-by return; but for the present they may be laid aside.

I have said that the time included in the return is both too short and too near for the results gained to be of value as evidence; and the reason of this is that the success of operations upon the eyeball requires to be measured by a twofold standard—first from a surgical, next from an optical point of view. We say that an operation is surgically successful when it is properly accomplished, when the operator does what he wishes to do and no more, when it is followed by no destructive or injurious inflammation, and when the incisions that are made heal naturally and kindly. All this may happen, and the surgical success may be complete; although as regards optical success the operation may be a manifest failure, or its results may be long undeclared. Thus I have seen a cataract successfully removed, and a perfectly bright and transparent pupil restored, where the visual power of the eye was so much impaired by disease of its deeper structures that no benefit was conferred on the patient; and I often perform iridectomy in cases of turbid cornea, as a means of slowly clearing that membrane by the more active circulation which a diminished tension of the eyeball induces. I send the patient out of hospital perhaps at the expiration of a week, recording the procedure as a surgical success; but I must wait for six months, or perhaps for a year, before I can know whether it will be an optical success also, and will be followed by the results which it was my object and desire to bring about.

It would be manifestly improper, therefore, in speaking of the practice of the hospital during only a few months, that I should take optical success at all into account. Those of you who see that practice will, I hope, often witness the complete attainment of optical success, and will often observe evidence that it is on the way to be attained. But I cannot now take any statistical or percentage account of it without risk of being inaccurate in one direction or the other. If I should have the privilege of addressing your successors in this place, ten years hence, it will then be my duty to bring what I have done in the interval to this ultimate test; but, for the present at least, I estimate the success of a procedure by its surgical results alone.

With this preface, and before proceeding to describe operations themselves in detail, I come next to the means by which the various manipulations of ophthalmic surgery are to be carried out—that is to say, to the instruments that are to be employed, and to the hands that are to employ them. Our surgical mechanicians have provided us with instruments in almost infinite variety; but the hands take precedence of them all, and require our earliest and most careful consideration. It was said, first I believe, by Beer, and has been said by many since his day, that an ophthalmic operator must spoil a hatful of eyes before he cures one. Now, as the instruments of any period are a fixed quantity, and as adequate knowledge concerning when and why to operate may be attained by attentively

observing the practice of others, it is manifest that the hatful of eyes must be a sacrifice offered up to the training of the hands. If we regard Beer's saying as a mere hyperbole (and I trust we may at least regard it as an exaggeration) repeated chiefly for its vivacity and its force, we cannot in like manner explain away the familiar maxim of political economy, that all learners spoil a portion of raw material. This maxim represents one of the necessary verities of life; and the surgeon who learns to operate upon the eye by primarily using the eyes of human beings to practise upon, and by thus in time gaining manual dexterity at haphazard—gaining by sheer practice the power to do those things well which he at first did badly, although he may eventually become skilful, obtains his skilfulness, I think, at an altogether unwarrantable cost. Instead of seeking such dearly bought experience, I would urge upon you first to consider carefully the nature of the mechanical acts which you are about to undertake, and to see how far, and by what means, the hands can be trained to the possession of the qualities required from them. There is, I believe, a contrivance, with a name in shopkeeper's Greek, by which persons learning to play on musical instruments may acquire strength and flexibility of finger without the production of sounds distressing to those in their vicinity; and on the same principle I think the hands of most persons may be so far educated, before an eye is ever touched, as to render the accidents which may result from sheer awkwardness unlikely, if not impossible. I say of most persons, because there are a few to whom the nature of their organisation denies the attainment of any kind of mechanical skill. Those cannot become ambidextrous who have been born ambi-sinistrous; and a want of power correctly to estimate nice differences in the degree and direction of exerted force seems to be, occasionally at least, the result of some structural peculiarity in the muscular or nervous system. I say peculiarity rather than defect, because this peculiarity constitutes, I think, one of the most marked organic differences between the sexes. It would be difficult to say how far it may be an accidental result of differences of habits and of employment; but no one who carefully watches the muscular acts of women will fail to perceive a tendency to do them with a sort of rush, with a superabundance and a sudden exertion of force, rather than by the gradual application of the precise amount by which the end in view can be secured. The same thing may be observed less frequently in men; and I would counsel any such, if they have so far mistaken their vocation as to become surgeons, to turn their energies into some channel other than the performance of delicate operations upon the human subject.

The qualities of hand that are necessary to an accomplished eye-operator may be summed up under the following heads:—

1. A high development of what has been called by physiologists "muscular sense"—the faculty by which we feel and estimate the degree of force we are exerting, either in pressure or traction.

2. The power of uniting the two hands in consentaneous movement, and of directing the intelligence to them simultaneously; so that they may work smoothly and harmoniously together as a single organ for the attainment of a common object, and may both at once be equally under the control and governance of the will.

3. The power to employ the left hand, indifferently with the right, for the use and guidance of cutting or other instruments.

4. Steadiness.

Each of these requirements demands a brief separate consideration.

It is by means of muscular sense that we are able to combine the precise degree of force that will accomplish our end, with the utmost gentleness in its application. There is a period in cataract extraction in which the operator may require important help from an assistant, and I confess that, unless my assistant is favourably known to me, I am always glad when this period is over. It is when an incision has been made into the anterior chamber, the aqueous humour has been evacuated, and the eyeball, rolled upwards by the reflex action of the superior rectus, must be drawn somewhat down before iridectomy can be performed. For this purpose, a pair of forceps should be made to close almost imperceptibly upon the conjunctiva and its subjacent tissue, and traction should be applied so gently that the eye rolls quietly down as soon as the resistance is overcome. There is then no strain upon its coats, and no gaping of the wound, unless the action of the superior rectus be quite spasmodic, in which case a little more chloroform would be indicated. But if the assistant snatches the conjunctiva hastily, and drags upon it rudely, it may well happen that the wound shall gape and the vitreous humour prolapse. The necessary gentleness does not imply slowness; but it implies that the first exercise of force shall be less than the amount required, and that the deficiency shall be made up by gradually increasing effort. The same principle applies not only to all forms of forceps traction, but also to all incisions, which, in the eye, are primarily punctures. In making them we must *place* the point of the knife or needle upon the spot to be penetrated, and increase our pressure in proportion to the resistance, but so gently that the speed of movement of the instrument is not accelerated when the resistance is overcome. In the aged especially, and in eyes that have been long diseased, we often find the cornea soft, thin, and flaccid; and if we were to apply to such eyes a knife or needle, with the full pressure that would be necessary to penetrate a healthy cornea, we should incur much risk of driving the point of the instrument further than we intended it to go, while the shock or concussion to the eyeball would tend to expel the aqueous humour, which it is often most important to retain. These matters must be dwelt upon in greater detail by-and-by, and are now only adverted to for the sake of illustration.

The requirement of consentaneous movement of both hands arises in great measure from recent progress, partly from the frequent use of two instruments at once within the eye, and still more from the practice, now become almost universal, of fixing the globe with forceps. The forceps may be used either to steady the globe in some required position or to move it somewhat against the edge of the instrument; and in either case they should exert no undesigned pressure, and should never be forgotten by the consciousness. It is very easy for a young operator, when using a knife or needle in one hand, to bear heavily with the forceps in the other, and in this way to do mischief which a proper attention to, and governance of, the comparatively passive hand would have avoided.

The requirement of ambidexterity arises from the fact that, for most operations upon the eye, it is convenient for the operator to stand behind the recumbent patient, while, at the same time, the projection of the nose renders it necessary that nearly all punctures or incisions should be made from the temporal side. Many excellent operators have failed in attaining ambidexterity; and some of these have displayed sufficient human nature to contemn in others the accomplishment that was denied to themselves. By contrivances more or less awkward, by coming round in front of the patient for the left eye, and by committing fixation to an assistant, it is doubtless possible to do most ophthalmic operations with the right hand alone. I have heard of one surgeon who places his patient upon a chair, and then seats himself upon the patient's knees, in order to get at the left eye with the right hand. This is undeniably ingenious, but the ingenuity is somewhat perverted. Sufficient ambidexterity for the use of the knife in the left hand follows, as a matter of course, from the training required for the proper use of fixation forceps; and full ambidexterity may usually be attained with a very moderate degree of practice and trouble.

For good operating absolute steadiness is indispensable, because the commencement or the course of an incision should not deviate by the fraction of a line from the previously formed plan of the surgeon, and because it is often desired to introduce a small blunt instrument, such as a hook or a closed forceps, through an opening previously made for the purpose. In order to avoid, in such cases, premature loss of aqueous humour, as well as to avoid any bruising of neighbouring parts, the blunt instrument should be placed at once between the lips of the puncture prepared for its reception. Steadiness, as a mere physical attainment, is one of the results of training; but there is an unsteadiness produced by mental causes, by anxiety to do right, or by want of self-reliance, which can only be remedied by the gradual growth of confidence and the gradual influence of success.

ON

PHLEGMASIA DOLENS: ITS ORIGIN & ITS CONNEXION WITH ERYSIPELAS AND OTHER INFECTIOUS DISEASES.

BY ROBERT J. LEE, A.M., M.D.

IT is important that the pathology of phlegmasia dolens, so far as its practical treatment is concerned, as well as its probable connexion with certain infectious disorders, should be clearly understood by those who are required to give attention to patients attacked with it. Some recent writers on this subject leave the reader in doubt of the origin of the affection, and the mode in which the condition observed after death is produced; so that a confusion of ideas exists in the minds of those who have not had much clinical experience of this disease, and have enjoyed no opportunity of pathologically investigating it. To some extent, the introduction of new terms imperfectly defined contributes to this result, as will be pointed out in the following remarks.

In the first place, the difference should be clearly established between coagulation of blood in veins and in arteries, and a more definite meaning ought to be attached to the terms "embolism" and "thrombosis" than is conceded them by some pathologists. In the second place, it is proper to distinguish between cause and effect when considering the origin of coagula in the vessels of the circulatory system—that is to say, whether the formation of coagula be the primary disorder or simply arises from morbid changes of tissue, productive, among other results, of mechanical interference with the free circulation of blood through the vessels of the part affected.

With regard to the relation which has been suspected to exist between the causes which give rise to erysipelas, puerperal fever, hospital gangrene, phlegmasia dolens, and other forms of disease of similar nature, it must be allowed that we are unable to demonstrate beyond all dispute the identity of their origin. But we may fairly inquire whether we ought not to be satisfied with something less than material proof when we reflect upon the obscure and mysterious character of this class of infectious diseases, and, in the interests of humanity, whether we ought to reject presumptive evidence when it is all that the most careful investigation furnishes as our guide to practical conclusions.

These remarks are introduced as a prelude to a case of phlegmasia dolens to which the attention of the reader is invited, as it is one of great interest from the circumstances connected with its origin, and from the rare and serious form which it assumed. The unfortunate lady who was the subject of it was engaged in the anxious and arduous duties of matron to the Westminster Hospital. With more zeal than prudence she neglected the first warnings of constitutional disturbance which preceded the attack of phlegmasia, and which was occasioned by long and frequent visits to wards in which several patients were suffering from erysipelas of serious character, among whom were two of her own nurses, the especial objects of her attention. It may be mentioned that both in the medical and surgical wards there were cases under treatment; those in the former had been admitted for erysipelas, those in the latter were attacked by it during their stay in the hospital. It was in the late part of last year that this tendency to the occurrence of erysipelas showed itself, outside the hospital as well as in the wards. It was clearly noticeable that the slighter cases were not productive of ill effects upon the nurses or adjoining patients, but that it was from the severe cases, and particularly from one that was fatal, that the infection was spread.

The details of the matron's illness combine to produce one of those rare and serious instances of phlegmasia of the lower extremities in which the favourable progress of the patient is suddenly interrupted by the occurrence of the fatal symptoms of plugging of the pulmonary artery and coagulation of blood in the right side of the heart, which are referred to the detachment of a portion of clot and its impaction in the pulmonary vessels. The disease showed itself first in the right leg, in a few days subsided, and then attacked the left leg, and later again the right; but at the end of three weeks the patient was making favourable progress when the symptoms occurred which in a few hours terminated in her death. It was immediately after changing her position in bed that the palpitation of the heart and distress in the respiration were experienced. The very first sensation which preceded these symptoms was a peculiar movement, as though something had rapidly passed from the left inguinal region directly to the heart; and so distinct was the account which the patient gave of the occurrence that the question arose in the minds of Dr. Fincham and Mr. Holthouse whether it could not fairly be referred to the detachment of a portion of clot and its arrest either in the right side of the heart or pulmonary artery. To what extent we are justified in directly connecting the symptoms with the change of position in the body upon which they followed is deserving of consideration, as the same cause has produced the same result in other cases, and indicates the necessity of making a patient observe the greatest tranquillity, as well as of preparing the friends of a patient for so sudden a catastrophe. It may also be remembered that in this form of phlegmasia dolens the origin of the disease is not to be referred to the uterus, as is the case in uterine phlebitis, but is probably the same as in those cases of phlegmasia which occur occasionally in the male sex.

The lectures of Trousseau contain a few of the most apparent reasons for supposing that there is some connexion between erysipelas and phlegmasia, but no individual instance is recorded of the latter disease having followed exposure to the influence of the former, and although a single case may contribute but imperfect evidence that such is possible, it is sufficient to direct attention to a careful investigation of the subject.

Between cases of simple phlegmasia and "idiopathic" erysipelas there is a strong resemblance in the sequence of symptoms and the particular tissues affected. There is this difference, however, that in the former the superficial cellular tissue, in the latter the deeper structures, are the seat of disease. With respect to the coagulation of blood in the veins, it is not difficult to demonstrate that it is the consequence of inflammatory changes in the connective tissue surrounding the vessels. If in a case like the one under notice a careful examination be made of the condition of the cellular tissue in the vicinity of the termination of the coagulum, it will be found that generally for a distance of from one to two inches above that point there is evidence of the change to which the term "cellulitis" is applied. The best method of demonstrating this is to dissect the artery from the vein with a scalpel till a slight induration of the tissue is observed and consequent adhesion of the vessels, so that greater force is required to separate them. The earliest evidence of the change referred to is always found above the point where the coagulum in the vein terminates; and, as I have frequently investigated the subject, I believe I am justified in supporting the view that the change of external tissue precedes and is the cause of the coagulation of blood in the veins as it advances in the direction of the heart; that it may likewise spread down the veins is highly probable; and that the effect of the inflammation of the cellular tissue, as it follows the course described, is gradually to arrest the venous circulation, occluding vessel after vessel in its progress more or less completely, the coagulum forming first in the minute veins and subsequently in the larger. If we take that part of the principal vein where the coagulum terminates, and, passing upwards, examine the orifices of the vessels which open into it for some distance above, we shall find that a coagulum has already formed in them, and that the terminations of the clots they contain project into the larger vessel, although the coagulum in the latter has not yet reached the same point.

In the case of phlegmasia which forms the chief subject of these remarks, the aorta and the vena cava were easily separable as far as their division into the common iliac branches. In this situation the vessels were surrounded by tissue, in which the earliest changes of cellulitis were observable. On the right side the artery and vein were firmly adherent where the division of the common iliac vessels takes place, and where the internal joined the external vein was found the termination of the coagulum, which extended down the latter vessel to those of the whole lower extremity. On the left side the vessels were affected in the same way as high as Poupart's ligament, but above were quite per-

vious, and the cellular tissue in the pelvis presented a perfectly natural condition.

When I stated in the early part of my remarks that certain terms were used inappropriately by some pathologists, I referred more particularly to the use of the term "thrombosis" in the case of all kinds of clot as the cause, and not the consequence, of previous change of tissue. It may be desirable to retain the word, but with the necessary predicate defining the cause of the clot; for "thrombosis" means simply "a clot," and nothing more. I need not point out the necessity of such addition to the term, as it may be applied to the coagulum in an aneurismal sac, in the termination of a ligatured artery, to the consequences of an embolism, and to other mechanical causes; and when I say that by the introduction of such terms as "embolism" and "thrombosis" a confusion of ideas has arisen, I wish to imply that the opinion entertained by some that the clotting of blood in veins is the cause of phlegmasia is erroneous, and that they overlook the real origin of it, thus mistaking cause for effect.

Maddox-street, March, 1872.

CARDIAC INTERMITTENCY.*

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CARDIAC INTERMITTENCY is the last and most serious rhythmical disturbance of the heart, and is a symptom ordinarily of very grave import. It is evidence of great disturbance in the balance of forces by which the heart is regulated. This disturbance may occur in any of the three modes previously mentioned.† It is unnecessary to go over them again, and at present we will regard the symptom rather as it manifests itself clinically. Before thus leaving the question of causation it may be desirable to consider the question of the immediate mode of its production. Dr. B. W. Richardson, in his paper in the St. Andrews Graduates' Transactions of 1870, states that the arrest of ventricular action lasts over the period of a second auricular contraction; and further states that the distension produced by the second auricular contraction excites the ventricle to contract. When first read, this statement appeared to the writer as ingenious but totally unproven. That it was probable was unquestionable, and that the labouring ventricle should need an unusual stimulus to excite it to contract was quite in unison with views expressed elsewhere. It is the case however. But even a second auricular contraction is not always sufficient, and three, or may be more, may be required in cases where the intermittency is marked; for intermittency is merely an aggravated form of irregularity, differing indeed only in degree. The proof of this the writer got quite unexpectedly in pursuing some experiments on the rat to test the time of auricular and ventricular contraction in the mammal. The rat having been carefully chloroformed and the chest opened, at first the contractions went on normally, the auricular contraction immediately preceding the ventricular contraction; but as life flagged, two auricular contractions were requisite to excite the less irritable ventricle, and finally three auricular contractions were necessary. The ventricle needed goading; and firstly a second auricleful of blood became necessary, and finally a third, to produce such distension as should excite contraction. As to the method of immediate production of intermittency, Richardson's views are sound. As to the conditions under which it occurs, the writer finds it impossible to agree with him. Having abandoned the view of its cerebral origin advocated by him in 1867, Dr. Richardson has taken up the view of its being solely connected with exhaustion of the sympathetic. This view is a great improvement on the first; and while admitting that cardiac intermittency is due frequently to exhaustion of the sympathetic, the writer feels compelled to express his dissent from the view of this being its sole, or even its usual, causation. The chart‡ already given, which was drawn up before the writer became acquainted with Dr. Richardson's later views, gives the modes of disturbance of balance, and the various methods in which it may arise. At present the question will be regarded with reference to its appearance clinically, and the conditions under which it is found. Giving them in the order of relative frequency, commencing with the most frequent condition, cardiac intermittency is found with—1, fatty degeneration; 2, muscular exhaustion; 3, exhaustion of the sympathetic; 4, influences through or in the vagi.

1. *Fatty degeneration.*—With degeneration of the muscular structure of the heart itself is intermittency most usually associated. It is under these circumstances found accompanied by a feeble first sound and subjective symptoms of cardiac failure. Thus in the generally degenerate condition of the circulatory organs known as atheroma, where the fatty condition is a necessary result of imperfect blood-supply and consequent tissue-degradation, intermittency is very frequent. And in the aged, with rigid arteries, fatty cornea, &c., when, amidst a number of feeble heart strokes, the long halt of intermittency is detected, occurring almost rhythmically, a most grave prognosis will be found best suited to the case, and a too early verification of it will often be met. The wearied muscular fibres, constantly becoming more scanty and unequal to the distension of the rigid and inelastic aorta, and thus constantly tending to a less and less sufficient blood-supply for themselves, become more and more tolerant of distension till, finally, a slumber too prolonged for the continuance of the existence of the organism results in cessation permanently. Thus, when in serious dilatation the imperfect contraction, and consequently imperfect aortic recoil, leads to degeneration of the muscular tissue in addition to its elongation, amidst the flutter of irregularity will be found the ominous halt of intermittency. This is a point of great practical importance. Except in great exhaustion, the muscular fibre is never tolerant enough of over-distension to allow of intermittency unless its own integrity is interfered with. When, then, intermittency is found along with other objective and subjective symptoms of failure of power, it is a symptom of the greatest gravity.

2. *Exhaustion of muscular walls.*—Next in frequency is muscular exhaustion as a cause of cardiac intermittency. Exhaustion of the muscular walls is often closely allied to exhaustion of the sympathetic. But in cases of aortic obstruction, &c., there is no exhaustion of the sympathetic unless after effort, and then the intermittency is more frequent: it is a simple disturbance of balance of power between the muscular walls and the obstruction offered to the flow of the blood. The two most marked cases of cardiac intermittency—i. e., the most prolonged halt—which have come under the writer's notice were both cases of aortic disease. In these cases the halt extended over a period of time equal apparently to three or four ordinary ventricular contractions. The exhausted muscular fibre claimed a long rest before it could be again goaded into activity. The sensations of the patients during this prolonged ventricular systole were of the most painful description. One is a man of great intelligence and of a nervous temperament. His account of his sensations is most affecting. On the most vivid sensations of instant death is implanted a sense of acute agony. A look of horror passes over his face when even mentioning his sufferings. All sensations which are connected with parts supplied by the sympathetic are exquisitely painful, and the over-distension and inability of the ventricle to contract seems to instantly pass all over the system. During periods of temporary irregularity of the heart's action the writer has had occasion to note the unpleasant sensation which accompanied the ventricular arrest. During the prolonged halt in these two cases this sensation amounts to agony. The frequent instantaneous halts in the walk of the aged, and the instinctive clutching or snatching at some one, or even anything which could afford support, which are usually found connected with some lesion of the heart, are now relegated in the writer's mind rather to the list of unpleasant sensations of sudden failure from ventricular inability than referred to sudden temporary cerebral anæmia. That this may be produced by sudden cerebral anæmia mediately as a result of ventricular failure it is not attempted to deny, but the cerebral anæmia and the sudden sensation of impending death, or other catastrophe, are alike results of ventricular inability. Relief by rest in bed, and the proper therapeutic measures by reducing the demand on the muscular walls (so many

* Palpitation, THE LANCET, Aug. 6th and 13th, 1870; Cardiac Irregularity, Dec. 10th and 17th, 1870.
† See chart in THE LANCET for Dec. 17th, 1870.
‡ See THE LANCET for Dec. 17th, 1870.

more beats per minute accompany the erect position, and still more exertion) lead to a reduction both in the frequency and duration of these ventricular halts. So, too, in simple dilatation associated with Bright's disease. During an acute exacerbation, when the blood is more than usually laden with effete products, and thus the obstruction to the flow of blood increased (the mode of this has been referred to in previous papers) on the ordinary symptoms of cardiac inability is implanted the most serious admission of incapacity—namely, intermittency.

3. *Exhaustion of the sympathetic.*—Exhaustion of the sympathetic is unquestionably no uncommon cause of cardiac intermittency, and will be found without any evidence of organic mischief; it is merely an expression of a passing condition. Thus after prolonged over-exertion, mental exhaustion, fatigue of any kind, withdrawal of nerve-force to some other organ supplied by the sympathetic, &c., cardiac intermittency will occur. Instances of this were given in the paper on Cardiac Irregularity. The most remarkable series of cases illustrating this mode of causation of intermittency are given by Dr. Richardson in his paper. The list comprises cases where this was occasioned by terror in shipwreck, anxiety, grief, passion, excessive fatigue, adversity, hereditary predisposition, &c. In all the cases there were no objective or subjective symptoms of cardiac mischief, and many, too, are corroborated by post-mortem observations. A more valuable addition to our knowledge of cardiac symptoms it is scarcely possible to conceive; for, in the spirit of originality for which he is so remarkable, Dr. Richardson has shown that in a number of cases the most serious and justly dreaded symptom of cardiac inability may be associated with a condition of the sympathetic from which there is nothing to be apprehended. But while admitting all the merit in the matter of the paper, and the brilliancy of illustration also found, I must decidedly disagree with him as to the relative frequency of the occurrence of cardiac intermittency along with and without organic disease. In this, too, I may fairly claim to be in unison with the experience of the profession; but Dr. Richardson has abundantly shown that intermittency alone is not sufficient to warrant a grave prognosis, or that it necessarily follows that there must be organic disease. As to its being a forerunner of cerebral disease, apart from such as might fairly be supposed to be associated with a degenerate condition of the circulatory organs, the writer has no experience, and has, therefore, no opinion to offer. That temporary conditions of cardiac intermittency are due to exhaustion of the sympathetic, and thus of the muscular fibre under its control, is unquestionable, and, further, is no rare condition, it must be at once allowed, and a very illustrative case is given by the writer in an article on Cardiac Distensibility, Distension, and Dilatation, in the *Edinburgh Medical Journal* for December, 1870. In many cases, or even in most, the condition will be found associated with prolonged over-exertion, and then, no doubt, exhaustion of the muscular fibre itself is found along with exhaustion of the sympathetic. It may not be possible to separate them; but when so associated, cardiac intermittency will be found to vanish with the conditions which gave rise to it. When the condition is advanced, a considerable period of comparative rest and appropriate treatment may be necessary to complete restoration to health.

4. *Influences through or in the vagi.*—Of this last we know little, and the cases fairly referable to this cause of cardiac intermittency are, in the present state of our knowledge, rather curiosities than matters of practical importance. As, however, an analysis of cardiac rhythmical disturbance would be obviously incomplete without a reference to this form, it is necessary to consider it. The most generally known cases are those of voluntary arrest of the heart's motion. Many cases are no doubt the creations of the imagination, but still well-authenticated cases are recorded. The Indian conjurors seem to have a monopoly of this form of cardiac intermittency; but one East Indian officer who had acquired this power gave exhibitions of his attainment, and fell a victim to a prolonged effort from which he never recovered.

Another case of this power to arrest the heart by an effort of will is known in the person of a physician of this town, but a due regard for the value of his life and the hazardous character of the experiment has prompted him to decline any further manifestations of his peculiar power. Of cardiac intermittency produced by disease implicating the vagi little is on record, and for obvious reasons. One most singular case is quoted by Romberg* from Heine's book. A short *résumé* may tempt those interested in the subject to look up the case. A man in the Viennese Hospital complained that his heart stood still, and further, that this caused him severe suffering. The intermission extended over five or six beats. The patient's appearance "told that something terrible was going on within him." A vivid consciousness enabled him to tell that, after a presentiment of a second or so, he felt acute physical agony, which aggravated his mental tortures. The attacks varied in frequency, and returned at irregular periods, mostly excited by mental emotions. The diagnosis was made by Heine, Skoda, and Rokitansky, and was in every way remarkable. It was to the effect that this was due to tumour of the vagus and hypertrophy of the cervical portion of the spinal cord. The man ultimately died, and a remarkable corroboration of the diagnosis is recorded. This case is, to my knowledge, unique. The connexion betwixt the affection being one of the vagus and its exacerbation by mental emotions tallies with the arrest of the heart's action by voluntary effort. In this voluntary arrest there is no reason to suppose that the effort of will could manifest itself otherwise than through the vagi, which are in direct communication with the sensorium. The cases, however, where cardiac intermittency takes its origin in influences through or in the vagi will be too rare to give them any practical importance.

Thus we see that cardiac intermittency, like the other objective symptoms of heart trouble, is connected with disturbances of balance of power; this disturbance being serious or otherwise according as it is in the muscular or nervous balances. The surroundings alone can determine its relationship, and any diagnosis otherwise founded is merely chimerical. The age, the sex, the history, and the habits must all be entertained; the diathesis is often of primary importance: and all must be carefully weighed in giving an opinion. The apparently most prominent symptom, so prominent indeed as to give the ailment its denomination, if the patient has palpitation, irregular heart, &c., cannot be relied upon, and very frequently can hardly be said to be of any value. In the young the *a priori* probability is mightily in favour of functional disturbance, and yet the complaint may be much louder than where it is associated with grave degeneration. Thus functional or hysterical palpitation is much more complained of by the patient than when it is surrounded by evidences of failing power. Yet, like the anæmic bruit, it has too often caused needless anxiety in the patient, and often led to a loss of reputation with the physician, and will continue to do so until the value of these various objective symptoms be more carefully appraised. This, however, can only be attained by careful observation and reflection, by thoughtful generalisation, and by accurate induction and deduction; and any casual reader who may think that the writer imagines the subject to be completely considered here, or even that the conclusions can be accepted as final or other than tentative, will labour under a grave misconception. They are merely the outcome of his own troubles in attempting to diagnose the cases which have come under his notice, and of his dissatisfaction with the different text-books which do not attempt to convey any impressions as to the respective value of the different symptoms under totally different conditions.

A brief summary of a general nature may not be out of place in conclusion; but it must necessarily be of such an order of generalisation as the space will allow of, and therefore not be absolutely true in all cases. With this premonitory explanation, it may be stated that palpitation, as a laborious effort and evidence of inability, is in the young much more commonly connected with spasm of the lesser arteries and arterioles, and, though often extremely violent, is not significant of danger. In the middle-aged, it is most usually associated with exacerbations in Bright's disease, and, as a temporary result of a passing cause, stands in the same relation to it as hypertrophy or dilatation does to the chronic condition. As a matter of fact, it will very often be found along with other evidences of blood-poisoning, whether arising from inefficiency in the kidneys or liver, and as such is irrespective of the presence or absence of

* Diseases of the Nervous System, vol. ii., p. 340.

valvular disease. It may be associated with primary organic disease of the heart itself, but is then only very prominent, usually, on sudden exertion.

Irregularity is of deeper moment, and is still more generally associated with inability and failure of power in the muscular walls; it may be said to characterise the stretching of the muscular fibre by prolonged over-distension and incomplete emptying of the ventricles.* It may be found either as a delayed beat occasionally, or as a flutter of small beats in a cluster, the latter marking a condition of great adynamy. It will be found most marked after exertion, and pass almost entirely away with rest; in fact, the importance of examining the heart after exertion is not sufficiently estimated. Symptoms will then be manifest which do not present themselves in quietude, and will enable the observer to more accurately calculate the exact condition. On irregularity as a chronic condition may be implanted palpitation as a passing one, due to temporary disturbance, but the association is less favourable than simple palpitation.

Intermittency marks rather the condition of muscular degeneration, and is more associated with advanced life and evidences of atheroma. In this condition the impaired tissue is less capable of the effort which constitutes palpitation, and exertion is more commonly followed by syncope. Thus when irregularity is accompanied by intermittency on exertion, the condition is much more serious than when palpitation is thus induced. Under such circumstances the ominous halt is significant of tissue-degradation, and the prognosis is necessarily grave. The loss of an entire beat in the midst of other evidences of organic disease is a symptom of the gravest import. This condition is often well illustrated in the very aged, and slight exertion becomes a source of imminent danger.

In attempting to estimate the condition from the radial pulse one great matter is overlooked. The failure may lie chiefly in the right ventricle, and may be very imperfectly represented by the radial pulse. The heart itself must be invariably auscultated in the most cursory examination. But yet even the gravest symptom—intermittency—does not necessarily prove the existence of organic mischief, and in attempting to appraise the value of any objective symptom all subjective symptoms must be carefully weighed. Otherwise opinions will be given which will not only unnecessarily alarm the patient and impair the reputation of the practitioner, but which will tend to perpetuate public belief in the mysteriousness of heart affections. And what is also of equal importance, the treatment of each case, to be at all rationally successful, must be founded on the individual necessities of each case, and not by rule of thumb under the tyranny of empiricism. No therapeutics can be worthy of any respect which are not founded on the careful estimation of the value of each symptom and the pathological conditions with which it is allied.

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ENGLISH MIDWIVES; THEIR HISTORY AND PROSPECTS.

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CHAPTER I.—SIXTEENTH CENTURY.

VERY little is known of the early history of the English *Mid-wif*, or "with-woman."† It is certain, however, that she was a person of inferior education. Her opportunities of obtaining written or oral instruction in midwifery were very few, and consequently nearly the whole of her information must have been gained by experience—often, it is to be feared, at the expense of the poor women whom she sought to succour. No book in the vulgar tongue had yet been published upon the subject; and in cases of difficulty, relics, charms, and incantations were the methods employed to overcome them. Henry* says of the women amongst the ancient Britons that when a birth was attended with any difficulty they put certain girdles made for that purpose about the women in labour. These girdles, which were believed to facilitate the birth of heroes, are reckoned in the poems of Ossian among the treasures of kings. Such girdles were kept with care till very lately in many families in the Highlands of Scotland. They were impressed with several mystic figures, and the ceremony of binding them about the woman's waist was accompanied with words and gestures, which showed the custom to have been of great antiquity and to have come originally from the Druids.

In "Pierce the Ploughman's Crede" the friars are accused of

> "Maken wymmen to wenen,
> That the lace of oure ladye smok lighteth hem of children."

Among the articles of a visitation in 1559 the following inquiry is made: "Whether you knowe anye that doe use charmes, sorcery, enchauntments, invocations, circles, witchcrafts, southsayings, or any like crafts or imaginations invented by the Devyl, and specially in the tyme of women's travayle."

In John Bale's "Comedye concernynge thre Lawes," A.D. 1538, "Idolatry" is made to speak as follows:—

> "Yea, but now ych am a she,
> And a good mydwyfe perde;
> Yonge children can I charme,
> With whysperynges and whyshynges,
> With crosseynges and with kyssynges,
> With blasynges and with blessynges,
> That sprites do them no harme."

One of the injunctions at the visitation of Bishop Bonner (1554) was the following: "A mydwyfe shal not use or exercise any witchecrafte, charmes, sorcerie, invocations, or praiers, other than suche as be allowable and may stand with the lawes and ordinances of the Catholike Churche."

In the articles to be inquired into in the province of Canterbury in the sixteenth century, we find the following questions were asked relating to midwives:—"Whether any use charms or unlawful prayers, or invocations, in Latin or otherwise, and namely, midwives in the time of woman's travail with child?"† "Whether parsons, vicars, or curates be diligent in teaching the midwives how to christen children in time of necessity according to the canons of the church or no?"‡

In another diocese we find the question asked by the bishop:—"Do any undertake the office of midwife without licence?"§

From the foregoing quotations it is evident that the church at this early period recognised the importance of the office of midwife. In urgent cases she was frequently called upon to baptize the newly-born child. As early as the seventh century this was permitted, for we find in the "Liber pœnitentialis" of Theodore, Archbishop of Canterbury—"Mulier baptizare non præsumat, nisi cogenti necessitate maxima."‖ Many entries are to be found in parish registers; one example may interest the reader:—"St. Mary's, Lichfield, Oct. 12, 1591. Margarett, dr. of Walter Henningham de Pypehall, baptized by the mydwyfe, and, as yet not broughte to ye churche to be there examined and testified by them that were present."¶

In some registers ancient injunctions to the clergy by the Archbishop of York are found as follows:—"Item. All curates must openly in the church teach and instruct the mydwiefes of the very words and form of baptisme to thentents that they may use them perfectly and none oder."**

In these days it was generally believed that baptism was necessary to salvation, and as it was often impossible for a weakly or dying child to be taken to the priest or he to come to it before its death, there was no other alternative than to allow the midwife to baptise. The conveyance of a delicate child along miles of bad roads, through cold and storm, would have frequently proved fatal. It was often as much as the midwife could do to reach the labouring woman; perhaps on a pillion at the back of the messenger,

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* See the paper in the *Edinburgh Medical Journal* for a longer explanation on this head.

† The Spanish and Portuguese word *comadre*, or Latin *cum-mater*, is exactly analogous to the English word "midwife."

* History of Great Britain, vol. i., p. 459.

† Grindal Rem. Park Soc., Sec. 174-58.

‡ Documentary Annals by Ed. Cardwell, D.D., vol. i., p. 171.

§ N. and Q., first series, vol. iii., p. 29.

‖ Monumenta Ecclesiastica. De reliquiis sanctorum vel ritu sacerdotum et diaconorum laicorum quæ in ecclesia, xlviii.

¶ Burn's History of Parish Registers.

** Ibid., p. 81.

after travelling for hours through dark, narrow, packhorse roads, or knee-deep passes which could scarcely be called roads. To return with her frail, dying burden, perhaps to find the priest from home, was more than could be expected. What then was to be done at night? The Maitresse Sage-femme, Madame Coudray, says:—"Il y a ordinairement du danger à porter les enfans au baptême pendant la nuit, surtout dans les paroisses de la campagne; les mauvais chemins, les fossés, les planches, les sautoirs, les glaces, les mauvais temps, les rencontres des chiens, &c., tous ces inconvéniens, dont on peut se parer le jour, ne permettent pas qu'on y expose la nuit un dépot si precieux; un faux pas de celui ou celle qui porte l'enfant, peut lui faire perdre la vie sans baptême."*

The practice of baptising by the midwife was continued in England till the beginning of the seventeenth century. Bishop Burnet gives the following account of its discontinuance:—"The necessity of the sacrament (baptism) and the invalidity of ecclesiastical functions, when performed by persons who were not episcopally ordained, were entertained by many. This struck even at the baptism by midwives in the Church of Rome, which was practised and connived at here in England, till it was objected to in the Conference held at Hampton Court soon after King James the First's accession to the crown, and baptism was not till then limited to persons in orders."†

This statement is corroborated by the fact that in the oath taken by the midwife in the sixteenth century she swears that she will use, in the ministration of the sacrament of baptism, the apt and accustomed words of the same sacrament; but in the seventeenth century the oath runs as follows: "You shall not be privy, or consent, that any priest, or other party, shall of your knowledge or sufferance baptise any child by any mass, Latin service, or prayers, than such as are appointed by the laws of the Church of England, &c." Both Burnet‡ and Burns§ believed that this exercise of the office of baptising by midwives was the beginning of their being licensed by the Bishops. Mrs. Cellier‖ says that Bishop Bonner was the first who granted these licences, and that the form of the first licence was drawn up by him. It is certain that in the time of Elizabeth these licences were being granted, for Strype¶ writes: "There is one thing more I shall observe under this year (1567)—namely, a licence the Archbishop of Canterbury granted to Eleoner Pead to be a midwife, with the oath she took, whereby it may be perceived what were the disorderly practices of midwives in those days—as laying suppositious children in place of the true natural ones, using sorceries and enchantments, hurting the child, or destroying it, or cutting or pulling off the head, or dismembering it; baptising the infant new born, in case of necessity, with odd and profane words, and using sweet water or water perfumed. But behold the oath this woman took. 'I, Eleoner Pead, admitted to the office and occupation of a midwife, will faithfully and diligently exercise the said office according to such cunning and knowledge as God hath given me, and that I will be ready to help and aid as well poor as rich women being in labour and travail of child, and will always be ready both to poor and rich in exercising and executing of my said office. Also I will not permit or suffer that any woman being in labour or travail shall name any other to be the father of her child, than only he who is the right and true father thereof; and that I will not suffer any other body's child to be set, brought, or laid before any woman delivered of child in the place of her natural child, so far forth as I can know and understand. Also I will not use any kind of sorcery or incantation in the time of the travail of any woman; and that I will not destroy the child born of any woman, nor cut, nor pull off the head thereof, or otherwise dismember or hurt the same, or suffer it to be hurt or dismembered by any manner of way or means. Also that at the ministration of the sacrament of baptism in the time of necessity, I will use apt and accustomed words of the same sacrament—that is to say, these words following, or the like in effect: *I christen thee in the name of the Father, the Son, and the Holy Ghost*, and none other profane words. And that in such time of necessity, in baptising any infant born, and pouring water upon the head of the same infant, I will use pure and clean water, and not any rose or damask water, or water made of any confection or mixture; and that I will certify the curate of the parish church of every such baptising."

We must leave the subject of midwives' licences for the present. Further information respecting them will be given in a future chapter.

In the middle of the sixteenth century it would appear that English women became dissatisfied with their midwives, alive to their ignorance and impressed with the necessity of educating them. But this was not an easy task, as there were no female midwifery practitioners capable of performing it. It was also difficult to overcome the prejudices of the ignorant, who, from a false modesty, objected to the printing in the mother tongue of midwifery details.* Men, from whom the desired help was destined ultimately to come, were deterred from undertaking the business of midwifery from the fear of being looked upon as magicians,† or as almost attempting the virtue and honour of the female sex. "A certaine studious and diligent clerke," whose name was probably Jonas,‡ however, in 1537, "at the request and desire of diverse honest and sad matrons, being of his acquaintance, did translate out of Latine into English a great part of the booke *De Partu Hominis*—that is to say, of the Birth of Mankynde." This translation of Rhodion's work was immediately after revised from "top to toe," and published by Dr. Raynald under the title of "The Woman's Booke." He speaks, in his second edition 1540, of the success of this work as follows: "There be since the first setting forth of this booke, right many honourable ladyes, and other worshipful gentlewomen, which have not disdained the oftener by occasion of this booke, to frequent and haunt women in their labours, carrying with them this booke in their hands, and causing such part of it as doth chiefly concern the same purpose to be read before the midwife and the rest of the women there being present, whereby oft-times, they all have beene put in remembrance of that wherewith the labouring women hath beene greatly comforted and alleviated of her throngs and travail; whose laudable example and doings would God that many proud midwives would ensue and follow."§

This work of Rhodion was translated into nearly every European language, and during the century following its publication was almost the sole book from which midwives gained any knowledge of their art. Its influence upon English midwifery must have been most beneficial, for Raynald doubtless spoke the truth when he said of the midwives of his day that, "As there be many right, expert, diligent, wise, circumspect, and tender, about such businesse as appertaineth to their office; so be there again many woefull indiscreete, unreasonable, churlish, and through whose rudenesse and rashnesse onely, I doubt not but that a great number of women in their labour speede worse then needed otherwise."

It is deplorable to think of the universal ignorance which existed at this time in those who practised midwifery, for if Dr. Raynald, whose book is full of the grossest blunders, was the wisest professor of the art, what must have been the benighted condition of those whom he professed to teach. When we think of the fomentations, bathings, fumigations, anointments, suppositories, pessaries, and the constant and cruel manipulations which poor women had

* Abrégé de l'Art des Accouchemens.

† History of his own time, vol. vi. See the ninth section of the third book of the Apostolical Institutions: "Quod non oportet mulieres baptizare, esse enim impium et a doctrinâ Christi alienum." See also Collin's Ecclesiastical History, vol. vi., p. 550. Among the articles for the regulation of the clergy agreed to by Convocation, and afterwards subscribed by both Houses in 1576, was this: "Twelfthly, that private baptism, in case of necessity, is only to be ministered by a lawful minister or deacon called to be present for that purpose, and by none others. All other persons shall be inhibited to intermeddle with the ministering of baptism privately, it being no part of their vocation." This earlier inhibition seems not to have been enforced in the case of midwives.

‡ History of the Reformation.

§ Ecclesiastical Law, article Midwives.

‖ To Dr. ———. An answer to his queries, &c., p. 6.

¶ Strype's Annals, vol. i., part ii., chapter 60.

* Many think that it is not meete ne fitting such matters to be intreated of so plainly in our mother and vulgar language, to the dishonour (as they say) of womanhood and the derision of their own secrets, by the detection and discovering whereof, men it reading or hearing, shall be moved thereby the more to abhorte and loath the company of women, every boy and knave reading them as openly as the tales of Robin Hood.—The Birth of Mankynde. Prologue.

† In Hamburg, in 1521, one Veltes was condemned for this offence to the flames.

‡ The manuscript copy of this work presented to Catherine, Queen of Henry VIII., bore this signature.

§ The Birth of Mankynde. Prologue.

then to undergo in cases of natural labour, and the still more frightful mutilations which they had to suffer when any complication retarding the birth of the child took place, we cannot but regret that this most important branch of the healing art had not been earlier taken up and studied by such master minds as those which pursued it so energetically, and so immensely improved it, in the succeeding century.

Old Andrew Boorde, in his "Brevyary of Health,"* writing in the latter part of the sixteenth century, alludes to the miseries which may result from an "unexpert mydwife," and adds: "In my tyme, as well here in Englonde as in other regions, and of olde antiquitie, every mydwife shulde be presented with honest women of great gravitee to the Byshop, and that they shulde testify for her that they do present, shulde be a sadde woman, wyse and discrete, havynge experience, and worthy to have the office of a midwyfe. Then the Byshoppe, with the consent of a doctor of physick, ought to examine her, and to instructe her in that thynge that she is ignorant; and thus proved and admitted, is a laudable thynge; for and this were used in Englonde there shulde not halfe so many women myscary, nor so many chyldren perish in every place in Englonde as there be. The Byshop ought to loke on this matter." This passage is remarkable, inasmuch as it contains the first expression in England of a conviction often reiterated, and now and again vehemently urged—namely, *that it is necessary to give instruction to midwives, and a guarantee of their skill to the public.*

The names of a few of our early English midwives have been preserved.

Margaret Cobbe.

This Royal midwife had a salary of £10 per annum granted her by the Crown on April 15th, 1469. She attended Elizabeth Woodville, Queen of Edward IV., when she was delivered of Edward V. in the gloomy sanctuary of Westminster. This took place on Nov. 1st, 1470, and Margaret Cobbe still held her office in 1473, for we find in the Rolls of Parliament the following:—"Provided alwey, that this Acte or any other Acte made or to be made in this present Parliament, extend not nor in any wise be prejudiciall to Margery Cobbe, late wyf of John Cobbe, beyng midwyf to oure best beloved wyf, Elizabeth, Queen of Englaud, unto or for any graunte by us by our letters patentes beryng date the 15th day of Aprill, the 9th yere of oure reigne, made to the seid John and Margery, of £10 by yere, duryng the lyf of the said Margery."—13 Edward IV.

Alice Massy.

This was another Royal midwife. We learn from the privy purse expenses of Elizabeth of York, Queen of Henry VII., that in March, 1503, Alice Massy received her salary of £10 as Queen's midwife.

Elizabeth Gaynsforde.

The following curious history relating to this midwife is to be found entered in the Consistorial Acts of the diocese of Rochester. Midwives, as has been before stated, were from time to time questioned as to the manner in which they performed the ceremony of baptism. It was at one of these examinations that this dialogue took place. "Anno 1523, Oct. 14.—Eliz. Gaynsforde, obstetrix, examinata dicit in vim juramenti sui sub hac formâ verborum. I, the aforesaid Elizabeth, seeing the child of Thomas Everey, late born, in jeopardy of life, by the authority of my office, then beyng midwyfe, did christen the same child under this manner. In the name of the Fader, the Son, and the Holy Ghost, I christen thee Denys; effundend meram aquam super caput infantul. Interrogata erat, whether the childe was born and delivered from the wyfe of the said Thomas; whereto she answereth and sayth, that the childe was not born, for she saw nothing of the childe but the hedde, and for perell the childe was in, and in that time of nede, she christened as is aforesaid, and caste water with her hand on the childe's hede; after which the childe was born, and was had to the church, where the prieste gave to it that chrystenden that it lakkyd, and the child is yet alyf."†

Johane Hammulden.

"Here's the midwife's name to 't, one Mistress Taleporter."
Winter's Tale, Act iv., Scene 3.

This midwife rendered herself notorious by divulging a remark, made by a woman she had delivered, relating to the conjugal proceedings of Henry VIII.; and so jealous was the King of any discussion upon these matters, that her information led to an investigation before a quorum of justices at Reading.* The depositions were taken before Sir Walter Stonor, at Watlington, in Oxfordshire, on the 14th of June, 26 Henry VIII., when one John Dawson said that "Oon Johane Hammulden, wyff unto Walter Hammulden, of Watlyngton afore said, in the presens of the said John Dawson, Willm. Goode, constable of the said town of Watlynton, Thomas Dawson, and John Awood, said that she was sent for to oon Burgyn's wyff, in Watlynton, when she was in labor with chyld, which was abowte Whittsontyde was a twelvemonthe: And the said Burgyn's wyff said to the said Johane Hammulden that for her honestie and her copnyng that she hadd, she might be mydwyff unto the Quene of Ingland yf hitt wer Quene Kateryn; and yff hitt wer Quene Anne she was to goode to be her mydwyff, for she was a hoore and a herlott of her lyvyng." Mrs. Hammulden maintained before the justices that Mrs. Burgyn had spoken these words, and added further, "that upon her faythe she wolde never have uttryd the words had not the said Burgyn's wyff said uppon a tyme that she wolde burne the said Johane Hammulden tayle, and doo her other displeasure." Mrs. Burgyn denied that she had ever spoken such words, but reported that "Oon Dollfyn's wyff had said that hitt was never merry in Inglond sythyns there was iii Quenes in hitt. And then the said Johane Hammulden sayd there wolde be ffewer shortly, which words the said Johane Hammulden denyith." These depositions were sent up to Thomas Cromwell, asking what was to be done with the prisoners, "for they remayne in the Constable's warde."

Jane Scarisbrycke.

She was a "Papist midwife in West Derby," and received a licence to practise in the diocese of Chester from Bishop Chadderton in 1578. He required of her that she should not refuse to attend "Any woman laboring of childe, being married and professing the reformed faith, whether the wife of a minister or otherwise," on pain of not having her licence renewed the following year.†

Among the interrogatories and demands of the people or parishioners, and their conversation to be required and known by the parsons, vicars, and curates, given in the later writings of Bishop Hooper is the following:—xii. item, whether any midwife refuse to come to any woman labouring of child for religion's sake, or because she is wife unto a minister of the church that hath married and doth marry both by God's law and the king's."‡

Some idea of the presents given by sponsors to midwives at christenings during this century may be gathered from the privy purse expenses of Henry VIII. and of the Princess Mary. In 1530 we find the former granting to the "norse (nurse) and midwif of my Ladye of Worcestre, by way of rewarde, £4; and in 1532, to the norice and the mydwif of Sir Nicholas Harvy cheilde £3 6s. 8d." The entries relating to the gifts of the Princess Mary to midwives are very numerous, the sums varying, according to the rank of the parents, from five to fifteen shillings. In 1537 we find she "payed for a bonnet and a frountlet, and the same given to Maistre's mydwife, 28s." Queen Elizabeth, in 1562, gave, at the christening of "Atkinson the scrivener his childe," to the nurse and midwife £4. In 1565 she gave at the christening of the child of the Lady Cecilia of Sweden a gratuity of £20; but at the christenings of all her other godchildren the amount of the present this queen gave to the nurse and midwife was £5.§

Sometimes midwives received presents of jewellery and plate; and they also obtained gifts of money from others who were present at the baptism of the infant besides sponsors, for Pepys writes in his journal, after having been to a christening—"I did give the midwife 10s."

Some curious entries relating to the fees of an ordinary

* The Extravagantes, chap. 51.
† Archæologia, London, vol. xi., p. 124.

* Sir Henry Ellis's Original Letters. Third Series. Letter 236.
† The Derby Household Books, Chetham Soc.
‡ Parker Society, Camb., 1852, p. 141.
§ Accounts of the Treasurer of the Chamber.

midwife may be found in the Steward's accounts of the Shuttleworths, &c., in the county of Lancaster*:—"Spente by Will'm Woode and Cooke, wiffe and twoe horses, when they wente for the midwiffe of Wigan, being a day and a night away, 4s. Spente by Richard Stones when he brought the Wigan wiffe home, and a night away, 22d.; to the midwiffe, 12d." Then again we find at page 198:—"Given to the midwiffe which helped cowe that could not calve, 2s. 6d."

Smyth mentions a midwife who was fetched in 1558 from Cheddar, in Somersetshire, to London to attend a lady in her confinement, and received at her departure 6s. 8d.†

OUTLINE OF A

CASE OF OBSTRUCTION OF THE BOWELS, AND THE TREATMENT.

BY J. BATTESON, M.R.C.S., L.S.A.

MRS. J——, aged thirty-three, healthy and well nourished, suffered from habitual constipation. On December 1st, 1871, she had had no action of the bowels for five days. Before the passage of the last stool she experienced great pain. Ordered sulphate of magnesia in one-drachm doses every three hours, and a powder of calomel and jalap at bedtime. No action. Castol oil was then given, but with no result. The abdomen was now distended, there was general tenderness but not great pain, except on pressure in the left iliac region. A dull, aching pain extended over the lower part of the abdomen. On percussion the abdomen was tympanitic along the course of the cæcum and colon. In the left iliac region a dull sound was produced. No marked anxiety of countenance; no vomiting, and only small quantities of pale urine were passed; pulse quick and small. On examination per rectum, the bowel was found empty, the uterus, which felt heavy, interfering somewhat with the examination. The œsophagus-tube passed up the rectum about eight or ten inches, and then met with some obstruction, beyond which it would not go. Only from fifteen to twenty ounces of fluid would remain by injection. Calomel and opium were at first administered, but after the first day of this treatment the calomel was discontinued, and opium only, in one-grain doses every four hours, was given. Enemata were used frequently. Small quantities of milk allowed.

Dec. 7th.—Met Dr. Moxon in consultation. At his suggestion the patient was kept hungry and thirsty, no food being given, and only small quantities of ice to moisten the mouth being allowed. Hydraulic pressure was tried, but failed. Opium was now given in quantities of one grain every three hours.

9th.—Met Drs. Moxon and Madge in consultation. Abdomen was now much distended; occasional spasmodic pains; slight vomiting of mucus, but no stercoraceous matter; more urine voided. It was decided to continue the same treatment. Bougies were used, but could not be made to pass the obstruction. On the evening of this day patient had a severe attack of syncope, so brandy was freely given; but after each dose vomiting occurred. There being great restlessness, fifteen minims of nepenthe were injected subcutaneously, and much relief obtained.

11th.—Patient much weaker; countenance anxious; vomiting of offensive, dark, chocolate-like fluid. I called upon Dr. Moxon and explained condition of the case. We decided to invite Mr. Bryant to perform Amussat's operation at once, if after again seeing my patient I considered her able to bear it. On returning I found the patient in a condition so nearly approaching syncope that I deemed it advisable to postpone the operation. On visiting her in the evening I found the tendency to syncope passed away. Administered another injection, and again tried hydraulic pressure, but with no good result.

While thinking what could be done for the poor creature, it occurred to me that if the reports of prisoners secreting instruments in their rectums were correct, it might be possible to pass the hand into the bowel; so, after explaining the matter to the patient and her husband, and having obtained permission to do as I liked, I proceeded as follows:—Having bared my left arm, well oiled my hand and wrist, and put my fingers in the form of a wedge, I gently passed my hand through the sphincter ani into the rectum. I then rested a minute, for my hand was painfully cramped; then passed my fingers up to the sigmoid flexure of the colon, where they met with a stricture. At first I could only get the tip of my middle finger in the ring; but by steady pressure and moving the finger about, I pushed it up as far as the first joint: I was then able to get the tip of the ring-finger through the opening. Having again dilated it, I passed the œsophagus-tube along the palm of my hand and through the opening, and then it easily passed several inches up the bowel. My assistant then injected a pint or more of warm water; this was allowed to remain in about five minutes, and then I removed the tube and my hand, when instantly there was a great rush of fæcal matter and fluid of a most offensive odour. After further injecting the bowel, six pounds or more of the pent-up secretion were liberated. The patient felt much relief, and rallied for a time, but afterwards relapsed into the condition of syncope, and died about three hours after the operation.

On inspecting the body thirteen hours after death there was no emaciation, there being much subcutaneous fat. On opening the abdomen, about a pint of fluid was found in the peritoneal cavity, most of which had probably escaped from the bowel, which had been perforated by an ulcer at the seat of stricture at the lower part of the sigmoid flexure. The small intestines were much distended, the large ones empty, and both were much congested. The strictured piece of bowel I have preserved.

Bow-road, E., Jan. 1872.

* Chetham Soc., p. 194. † Berkeley MSS.

DARWINISM TESTED BY RECENT RESEARCHES IN LANGUAGE.

BY FREDERIC BATEMAN, M.D.

THE author began by remarking that no works in modern times have exercised so great an influence for good or evil as the "Origin of Species" and the "Descent of Man," and that no more suitable arena could be selected for discussing Darwinism than the Victoria Institute.

Although announcing himself as a decided opponent of Darwinism, the author stated his intention of treating the subject fairly, observing that he had no *a priori* objection to raise against it, and that he should not reject it from any fancied notion that its adoption was derogatory to our dignity, or inconsistent with man's position in the order of nature. He was even prepared to admit that the descent of man from an ape may not be inconsistent with *natural* religion, but that it was directly opposed to *revealed* religion, which tells us that God formed man of the dust of the ground, and breathed into his nostrils the breath of life, and man became a living soul.

After a brief review of the main features and general purport of the "Descent of Man," and having called attention to Mr. Darwin's statement that the difference in mind between man and the higher animals is one of *degree only*, and *not of kind*, the author stated that the object of his paper was to show that man does possess a distinctive attribute of which not a trace can be found in the ape or lower animals—an attribute of such a nature as to create an immeasurable gulf between the two. This attribute he asserted to be the faculty of articulate language, which he maintained to be the difference of *kind* which Mr. Darwin is in search of.

After stating what he understands by language, the author proceeded to discuss the question as to whether language be the exclusive prerogative of man, and having shown there is no analogy between the pantomimic and other forms of expression peculiar to animals and the articulate speech of man, he asserted that language is our rubicon, and no brute will pass it.

He then entered fully into the question of the seat of speech; for as the remarkable similarity between the brain of man and that of the ape cannot be disputed, if the seat of human speech could be positively traced to any particular part of the brain, the Darwinian could say that, although

* Abstract of paper read at the Victoria Institute, March 18th, 1872.

the ape could not speak, he possessed the germ of that faculty, and that, in subsequent generations, by the process of evolution, the speech-centre would become more developed and the ape would speak. He showed that none of the various theories as to the seat of language will stand the test of an impartial scrutiny, and he mentioned instances where persons could talk when the presumed seat of speech was invaded by an enormous tumour, completely disorganised by disease, or destroyed by a pistol-shot. With these facts before him, he asked whether speech, like the soul, may not be an attribute the comprehension of which is beyond the limits of our finite minds?

Having disclaimed all preconceived hostility to Mr. Darwin, the author concluded by saying that, as the scalpel of the anatomist had failed to discover a *locus habitandi* for man's proud prerogative, articulate language, as science had failed to trace speech to a "material centre"—had failed thus to connect matter with mind, he submitted that speech was the barrier between man and animals, constituting a difference between them not of degree only but of kind; that the Darwinian analogy between the brain of man and that of his reputed ancestor, the ape, lost all its force, whilst the common belief in the Mosaic account of the origin of man was strengthened.

A CASE OF SEPARATION OF THE PATELLA FROM ITS LIGAMENT UNDER PECULIAR CIRCUMSTANCES.

BY F. ARTHUR DAVY, M.D.,

STAFF ASSISTANT-SURGEON IN MEDICAL CHARGE OF INVALIDS PROCEEDING TO BOMBAY.

PRIVATE W. B——, of the Royal Scots, had been under treatment for many months during the past year at the Convalescent Depôt Hospital, Nynee Tab, for disease of the left knee-joint. He was under my care for some time in 1870 for the same disease, which was, without any doubt, due to syphilis. The disease commenced in the summer of 1870, at Jhansie, and on account of it the patient is now travelling down country towards Bombay, being on his way (invalided for secondary syphilis) to England. He has also had subacute inflammation of the other joints—ankles, right elbow, and one wrist; but at the time I write these joints are giving very little trouble.

After reaching camp on the evening of February 7th, he had nine attacks of violent tonic spasm, affecting all the muscles; these lasted for variable periods, averaging three minutes. The nine attacks or fits occurred between 4 P.M. and 8 P.M., during which time the patient was unconscious. There was no resemblance to true epilepsy in these seizures; they were much more like the tonic spasm of tetanus. The convulsions, however, never produced opisthotonos, or emprosthotonos. He has had, I am told, previous attacks of the same kind. Next morning the knee-joint was very much inflamed and swollen, and the patient could scarcely bear it to be touched. Hot water cloths were applied, and on the 9th the swelling had greatly subsided. It was now possible to ascertain the condition of the joint. The condyles of the femur were distinctly seen; there was a depression where the patella ought to have been; and two inches above the joint was the patella, drawn up by the rectus femoris muscle. There had been subacute inflammation of the joint for a long time; and the disease must have involved the ligamentum patellæ; so that it offered little resistance to the powerfully contracting rectus. This man was not subject to the attacks of muscular spasm above mentioned when I knew him in 1870. They also are not improbably of syphilitic origin.

Moradabad, Feb. 13th, 1872.

A CERTAIN M. Donac has recently laid before the French Academy of Sciences a project for liquefying dead bodies and transforming them into a syrup without colour or smell. According to his calculations a moderate-sized man could be got into six bottles. The size of each bottle is not stated, but the *Paris Journal* appears charmed with the idea, and exclaims, "What an opening for the exercise of filial piety!"

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

THE EXTRAORDINARY CASE OF FEIGNED DISEASE:

HEMIPLEGIA, TETANUS, ETC.

As we anticipated, our report of the case of feigned hemiplegia and tetanus, which appeared in our issue of the 17th of February, has had the effect of eliciting from some of our readers further details concerning this most extraordinary and talented impostor. We have received facts concerning his conduct in the London Hospital, the German Hospital at Dalston, Horsemonger-lane Gaol, the Royal Infirmary at Windsor, and also in private life.

Dr. Hughlings Jackson has supplied us with the following facts, which, although written from memory, yet he feels certain are as stated:—

"A robust, dark-haired man of middle age, who gave the name of Leake, and who said he was a medical man, was admitted into the London Hospital for 'hemiplegia' in the latter part of 1868. He was about, as he said, to join a vessel outward bound as a surgeon, when he was seized with paralysis. The hemiplegia was evidently simulated. The right arm and leg were 'paralysed,' the face was drawn to the left, and the tongue on protrusion turned to the right. So far good. But, oddly enough, the 'paralysed' limbs were full of power; they were kept straight out, and so rigid was the arm that I failed to bend it with all my force; nor could this be mistaken for rigidity of a pathological character. The hand was clenched like an ordinary fist. There was no complaint of pain on flexing the arm. The face was drawn to the left, not because the right side of the face was paralysed, but by effort; and the left cheek quivered from the constant exercise in which its muscles were engaged; the cheek was drawn far too much to the left. The tongue, when protruded, was directed to the right to a most absurd extent. No one who saw him had any doubt that the man was shamming, and I believe the patient himself was aware of this. The last time I saw him, I said in a significant tone, 'I know very well what is the matter with you.' He replied, as I thought, in an amused tone, 'I'm quite sure you do, sir.' Very soon afterwards he went out, having made some ridiculous complaint about his diet. He intended going to Guy's, and often spoke of one of the officials of that hospital always calling him 'his friend Mr. ——.' When he left, I am told, he anathematised someone very strongly for accusing him of imposture; but I cannot get to know in what state his 'paralysis' was when he left."

On May 25th, 1869, he appeared at the German Hospital, Dalston, where he went through his usual performance of hemiplegia. On this occasion he was bled. This was followed by diffuse inflammation of the arm, for the relief of which many and deep incisions were required. He bore all the necessary treatment heroically. He was discovered to be an impostor (*quoad* hemiplegia) about a week after his admission; but the state of his arm necessitated his staying in hospital till the end of June, when he suddenly picked a quarrel with a nurse and decamped.

On July 11th, 1870, we find him in

"The donjon keep
Of Bridewell, gloomy mound,"

for withholding part of the proceeds of a subscription that he had raised on behalf of a poor widow. A short time after admission he showed symptoms of tetanus, and was removed to the infirmary; and a week later, the day previous to the one on which he had to appear at the police court, he had a severe apoplectic attack, and remained unconscious for some time. His condition delayed his appearance in court so long that the widow got tired, and withdrew the charge. Our friend recovered at once, and requested a cab to be sent for that he might go home. This,

however, the surgeon (who had just discovered the imposition) refused to do, lest he should bring a charge of cruelty against the gaol authorities for having turned him out before he was well enough to go. His daughter, however, coming to see him, obtained the wished-for conveyance, and took him away. A short time after he was seen apparently perfectly well by a couple of the warders of the gaol. From the 17th of July to the 10th of August he lived almost entirely upon brandy, wine, black currants, and ice; and had almost daily a subcutaneous injection of morphia. He was discovered by one of the patients who heard him in the dead of night crunching ice with the jaws that were tightly set during the day.

At the Windsor Infirmary, about fourteen months ago, a medical man, who had been ruined by a bank failure, applied for relief. He had an attack of hemiplegia and tetanus, which was so peculiar as to excite suspicion. This being the case, he made off, stating that he intended going to Guy's Hospital. As he had no money a small subscription was raised to pay his fly and railway fare. Four strong men helped the poor "paralytic" into the fly, which done, one of them ran to the station, by a near way, to watch him alight; and he was rewarded by seeing our friend walk along the platform with an elastic step, and get into a carriage without difficulty. We learn that his knowledge of some of the more modern modes of treatment, chloral, icebags, &c., was extensive and practical, a fact which those of our readers who have read his history will not be surprised at.

One physician, who has read our account of him, and who also has personal cognisance of him, writes as follows:—"I think the case an interesting one, for he is clearly not an ordinary rascal. He must have much of that mental condition seen in hysterical women." We would take this opportunity of thanking those gentlemen who have favoured us with information concerning this extraordinary impostor.

LONDON HOSPITAL.

REMARKS ON DIFFICULTIES IN THE DIAGNOSIS OF THE CAUSES OF APOPLEXY, BY DR. HUGHLINGS JACKSON.

THE following remarks are *apropos* of cases in which the diagnosis of the cause of apoplexy has been difficult or impossible. No particular case is referred to; cases of difficulty are common enough.

The term apoplexy may be made to include all cases of suddenly occurring coma; and thus among the causes of apoplexy are such very different things as intracranial hæmorrhage (cerebral or meningeal), injuries to the head, uræmia, opium-poisoning, and drunkenness. Apoplexies from these several causes are so like that very able men occasionally make mistakes in diagnosis—such, for example, as declaring a case of apoplexy to be owing to poisoning by opium, when a large clot in the pons Varolii is found post mortem to be the real cause. Again, patients the subjects of cerebral hæmorrhage are now and then supposed to be only drunk. Nor is this to be wondered at, since the apoplectic condition ("only a symptom") may be the same from each of these causes. Students should be told plainly that diagnosis is in many cases not difficult only, but impossible. To such a remark it is often replied that in *most cases* our prediction is right. No one denies *that*; but what are these "most cases"? If we find the patient hemiplegic, or if we learn that his apoplexy began by hemiplegia, or that he had a convulsion, we infer, whatever further difficulties there may be, that the case is not one of opium-poisoning or of drunkenness. If we hear that the patient had received a severe blow on the head, traumatic apoplexy is likely enough. If a patient known to be the subject of renal disease slowly passes into coma, we say with confidence that there is uræmia. But it is almost an abuse of language to say that *we* make a diagnosis in such cases. It is as correct to say that the diagnosis is made for us. We speak now of the most difficult cases: for example, of patients found insensible in the streets, or of patients about whom we receive inaccurate or contradictory histories—more misleading than no histories at all. If a patient is brought to us universally powerless and deeply comatose, and if we have no history of the mode of onset, we really cannot in many cases make a diagnosis. In particular, we cannot answer the important question, Is the apoplexy the result of cerebral hæmorrhage or of drunkenness?—for the simple reason that a large quantity of alcohol will produce a condition identical with that which results from large cerebral hæmorrhage. Those who doubt this last observation should note carefully the condition of a patient who has been "sucking the monkey"—i.e., sucking wine or spirits out of a cask by aid of a piece of gas-piping.

It is not meant that we are to rest in this stage. On the contrary, the acknowledgment of the difficulties should stimulate us to more work. In those cases where the circumstances make the diagnosis for us, we should raise artificial difficulties; we should urge the student to ignore the history, and see if he can make a diagnosis from *the condition of the patient himself*. We should say to him, "We know that this patient's apoplexy is owing to alcohol, because he was found sucking raw spirits out of a cask at the docks; but suppose the patient had been found in the street comatose, how then would you tell what was the matter with him?" If the student were told plainly the difficulties in diagnosis, and if he were to begin by studying cases in a realistic manner, he might in after years discover means by which a diagnosis in the true sense could be made. From books he will learn the symptoms of cerebral hæmorrhage those the result of injuries to the head, those of deep intoxication, &c. But when he knows these (we will assume that he knows them thoroughly) he will find that he is not so much helped as he might suppose when he is called to the bedside of an apoplectic patient; for the problem is then, so to speak, inverted. The patient is apoplectic: to which one of the many causes of apoplexy is his apoplexy owing? The student will, when he stands in this most responsible position, begin to find the real value of certain helps in diagnosis beginning by "if." "If the patient smells of drink, &c."—why then he may be either drunk or he may have taken a glass of brandy for premonitory symptoms of cerebral hæmorrhage. "If you find bruises on the head, &c."; but patients die of fatal injuries to the brain when no external bruises have been discoverable ante mortem. "If there be albumen in the urine, &c.," the apoplexy may be owing either to cerebral hæmorrhage or to uræmia. "If the patient has been uproarious, swearing, &c.," he may be either drunk or the subject of intracranial hæmorrhage (idiopathic or traumatic). Again, patients die apoplectic in whose bodies post mortem no cause for the apoplexy is discoverable, unless the commonly found venous congestion is allowed to make the diagnosis of "congestion of the brain," or the large quantity of serum filling the gap left by wasted convolutions—really a chronic affair—that of "effusion of serum."

Such a negative conclusion is naturally not liked; but no one is asked to accept it as a final conclusion. It is only asserted that, so far as we have yet learned, the diagnosis is often impossible. Nor has it been said that we cannot *guess* what is the matter. Possibly those who rely on "smell of drink," &c., will mostly be right. But since in the strict sense they do not make a diagnosis at all, they are only biding their time until guessing ceases to be lucky. The provisionally negative conclusion (or confession of ignorance) has at any rate this value, that (being aware that we really cannot tell in many cases the apoplexy of drunkenness from the apoplexy owing to more fatal causes) we shall be led to take care of every apoplectic patient. If we do not, some of our patients whom we have declared to be "only drunk" may die under the care of someone "who never has any difficulties in such cases," and who "is surprised to learn" that the real nature of the case was not known at the first. But it is "at first" that the diagnosis is most difficult. A case which nobody can diagnose "at first" may be clear to anybody in a few hours. Here it may be remarked that police surgeons and the resident medical officers of our hospitals see apoplectic patients in the most difficult stages—cases which may be clear enough when the physician visits the hospital next day. Those who wish to encounter the most difficult cases should arrange to be called at once to all patients brought apoplectic to the receiving-room. If anyone who freely admits that sad mistakes are made by *other* people, but who feels great confidence in his own powers of diagnosis, will do this, he will probably cease to wonder that the diagnosis of cerebral hæmorrhage had not been promptly made in cases of apoplexy which next day were plainly enough owing to that lesion, and wonderfully simple *after* the autopsy.

HOMERTON FEVER HOSPITAL.

THE EFFECT OF QUININE ON THE TEMPERATURE IN ENTERIC FEVER.

BY the kindness of Mr. Percival, the assistant medical officer, we were able to inspect the records of a couple of cases of enteric fever (both children) in which quinine was given for the purpose of depressing the temperature. Both of these cases showed that a fall in temperature had repeatedly taken place immediately after the administration of the quinine. The quinine was given in three-grain doses every four hours, and at no time were symptoms of cinchonism induced.

One case, in which the effect of quinine was particularly well-marked, was that of a little girl aged seven, who was admitted on the evening of the ninth day of an attack of enteric fever. Her temperature on admission was 105° F. Quinine (in the doses mentioned above) was at once given. The temperature immediately began to fall, and continued to do so till the morning of the eleventh day, when it had reached 97° F. (a fall of eight degrees). The quinine was then discontinued, and the temperature immediately began to rise, and by the evening of the twelfth day had reached its old point of 105°. Quinine was again given, and by the middle of the fourteenth day the temperature had fallen again to 97° F. The dose of quinine was now much diminished (almost discontinued) and by the middle of the fifteenth day the temperature was 103° F. The old dose of quinine was renewed, and by the middle of the sixteenth day the temperature was 98°, and on the day following (seventeenth) 97·5°. Quinine was now completely discontinued, and the temperature rose (more slowly than on previous occasions) and towards evening on the nineteenth day stood at 101° F., when the quinine was recommenced and the temperature again fell, reaching 98·5° on the twentieth and 98° on the twenty-first day, after which there was no further rise, the quinine being entirely discontinued on the twenty-second day.

The other case was similar in all points of importance to the one we have given. The administration of quinine in both these cases was generally followed by profuse sweating.

NEWCASTLE-ON-TYNE INFIRMARY.

CASES OF EXTENSIVE WOUNDS OF THE KNEE-JOINT.

(Under the care of Messrs. RUSSELL and ARMSTRONG.)

THREE cases of wound of the knee-joint have been treated in the above infirmary during the last year. We are indebted to Dr. Frederick Page, the senior house-surgeon, for the following account:—

J. B——, an Irish labourer, twenty-eight years of age, who thirteen days previously had been made an out-patient, after residing ten weeks in the infirmary under treatment for a severe burn, extending from the middle third of the left thigh to two inches below the knee, was readmitted on March 7th, under the care of Mr. Russell. The patient stated that while employed at some light occupation he had fallen a distance of four feet, among some soft shingles, his knees being bent. The left knee was at the time bandaged, there still being an ulcer about the size of a fourpenny-piece, situated some little distance above the patella. Upon examination, the cicatrix resulting from the burn was found to have given way across the joint. The insertion of the quadriceps extensor femoris into the superior margin of the patella was torn through, and the knee-joint exposed by an angular rent, seven inches in length, extending from the insertion of the hamstring muscles on one side, to a corresponding spot on the other. It was determined to make an attempt to save the limb. The joint was syringed with an aqueous solution of carbolic acid, one part to forty, the lips of the wound being retained as near as possible together by wire sutures, and the limb confined by means of a roller, saturated with solution of silicate of soda, to a straight back-splint provided with a foot-piece, and extending to the tuberosity of the ischium. Several thicknesses of lint, soaked in equal parts of glycerine and carbolic acid, were placed over the wound, and a bladder of ice applied. In the evening the temperature in the axilla had risen to 104°, and the pulse was 132. For nearly six weeks the evening temperature continued high, frequently reaching 102°, but only once again rising to 103°. For the first ten days there was troublesome diarrhœa, notwithstanding the free exhibition of solid opium. The progress of the case was most satisfactory: suppuration occurred, firm anchylosis was established, and the man left the infirmary with a limb much more useful and ornamental than a wooden leg.

The second case was even more successful. W. F——, aged thirty-eight, was admitted under Mr. L. Armstrong on the 13th of May. A rectangular clean cut wound leading into the knee-joint, by an opening admitting the forefinger, was situated a little above and to the inner side of the left patella. The joint was syringed as in the previous case, the wound dressed with carbolic oil, and the limb put up in a silicate bandage. Patient was kept under the influence of morphia, administered hypodermically. On the eighth day the wound was dressed for the first time, and on the 20th patient left the infirmary, having perfect use of the joint. At no time during the progress of this case did the temperature ever rise higher than 102°, and on only one occasion did it rise so high. Diarrhœa was troublesome for the first week, and ceased when the morphia was discontinued.

The third case was not so satisfactory. L. H——, aged forty-two, admitted May 1st, under Mr. L. Armstrong, had sustained a very severe contusion of the lower part of the thigh and upper part of the left leg. There was also a small wound, which unfortunately was not discovered to lead into the joint till the man had been under treatment for a few days. On the twelfth day of treatment, which consisted in the administration of morphia, the morning temperature rose to 107°, falling at night to 102°, and on the eighteenth day after the accident patient died of surgical fever.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 11TH, 1872.

PRESIDENTIAL ADDRESS BY THOMAS BRYANT, F.R.C.S.

Mr. BRYANT, after acknowledging the honour conferred upon him by the Society, went on to say: It is well to remember that this Society was born a hundred years ago, before medicine, much less surgery, was a science. Medicine was, indeed, at that time little more than an art, based on individual observation and skill, and marvellous indeed were the powers its professors then displayed. Medicine had no solid scientific basis. Hunter at that time, however, was at work, and was laying the true basis of the science we now proudly profess. He was building up for us "the physiological edifice" into which pathological truths were to be admitted; and as soon as the "seats and causes of disease as investigated by anatomy" became a general means of investigation, the science of our profession became established. It is probable, however, that this Society—then well advanced in years—failed to fall in with the scientific notions then rapidly developing; its members preferred to keep to their own well-known ways of empiricism, for they were "practical men." The "new-fangled" notions then prevalent failed to attract the older minds. The wigs then worn were too rigid to admit of scientific expansion, and, as a consequence, a split took place in our ranks. A new and rival Society sprang up, the Medical and Chirurgical, and it is not for me to sound its praises; but as the spokesman of its aged parent, I may say that we are proud of its success. This Society, however, in its turn, became somewhat torpid; it failed, like its parent, in its scientific development, and in pathological knowledge laid itself open to the charge of indifference. As a consequence, a Pathological Society was brought into existence, and grew so rapidly that, although still young, it has done more for our science than could ever have been anticipated; and, with the liberty now just accorded to its manhood, it will probably advance with bold and more certain steps, and in no morbid pathological manner, but with true clinical pathological knowledge improve the science as it must the practice of our profession. Other splits have likewise oc-

curred, and from these other shoots have started. The Obstetrical and Clinical Societies have sprung into existence, and in their ways both bid fair to have a long and useful career.

It is the glory of our Society, however, that we embody in ourselves all these institutions: we are medical, surgical, pathological, obstetrical, and, above all, clinical; we base all our knowledge on pathological anatomy when it can be obtained, but we value it more particularly in connexion with clinical phenomena. We bow to no specialties in our art, for we know too well that to see any one thing clearly we must be above it—to see its bearings clearly, we must look around it—to estimate its importance we must know all its connexions. To deal with any one part of the body as a separate entity is a narrow and unjust view of that part's importance; it may have its own special functions, but, as part of a greater whole, it cannot be separated without damage to itself as well as to the body from which it has been detached.

Specialties in our profession, or the complicated machinery of its working, are possibly a necessity; they have doubtless much good in them, when practised by men of large minds, who recognise the necessity of knowing far more than the wants their specialty apparently demands; but they have their evils, for they tend to narrow the faculties of their professors, to make them magnify the importance of one part of the body over another, to interpret symptoms more from local than general causes, to induce them to forget that the efficient action of every wheel in our machinery turns upon that of every other, and the moving agent of the one is the same that moves the whole. Specialties tend, moreover, to render prominent the trade aspects of our profession rather than the scientific, and consequently, both in the eyes of the public and in our own, to depreciate it.

Do not, however, let me be misunderstood. Specialties followed in a broad and liberal scientific spirit are doubtless good, although, when practised in a narrow and contracted one, they are most injurious. Let us, therefore, who are from circumstances made specialists, take care how we follow them, that we overcome the evil of their influence by the greater good.

Again, in taking our stand on pathological phenomena as the scientific basis of clinical work, let us be careful not to mistake morbid anatomy for pathology; the latter includes the former it is true, and is based upon it, but morbid anatomy stands in relation to pathology as anatomy does to physiology. The anatomy of disease is an essential part of knowledge, but we must not rest satisfied with it; we must always connect it with function and clinical phenomena; we must watch how function becomes altered, and how this alteration gives rise to symptoms; we must clinically trace the case upwards to the pathological condition, and, what is more, we must succeed before we can look for any good results from remedies or a scientific treatment of disease.

In viewing disease, however, through pathology, there is one caution which demands notice of much practical importance, which has reference to a too general error, the mistakes we make in applying vague general terms to local conditions.

In a surgical point of view this error comes before us when some local affection is called strumous; when some bone is inflamed and has died, in a cachectic subject, and the term scrofulous disease is employed; some joint is chronically disorganised, and strumous disease is said to exist. When I hear these terms I know the user of them has no definite notion of their meaning. He sees evidence of chronic disorganisation before him, and he calls it strumous; he sees cachexia and he describes it as scrofulous. But let me ask him to describe to me in what way these terms are to be interpreted, what special meaning they are intended to convey, pathologically what he means, and I get no satisfactory answer. With the pathological eye I see marked changes in the bone or joint, which are due to a chronic inflammatory process, and clinically I can trace the symptoms of the affection *pari passu* with the pathological. I know nothing clinically of the phenomena of strumous or scrofulous disease of a bone which differs from that of ordinary inflammation, and, pathologically, tubercle is rarely seen. Fourteen years ago I described it as a pathological curiosity, and, at the present day, I endorse the phrase. In a clinical point of view I would dismiss the words "strumous" and "scrofulous" disease altogether from local affections; for the idea the words embody is a false one and injurious; in the practical treatment of joint disease it must be disregarded altogether.

The same remarks are equally applicable to what surgically are called rheumatic affections. What are these affections? what do the words mean? From experience I find them applied to any pains which are not quite explicable to periosteal pains; bone pains, articular or otherwise; to nerve pains, pains caused by some local irritation in some part of the course of a nerve, whether from aneurism, abdominal tumours, spinal disease, or anything else. They are, at any rate, applied vaguely to cover our want of accurate knowledge, or our want of skill to make out their cause. They have no clinical signification. In a general way so-called local rheumatic pains too often mean joint or bone mischief, some local disease which has nothing whatever to do with rheumatism. In a surgical point of view, reputed rheumatic pains ought always to be doubted.

I have thus, gentlemen, shown you how we, of this ancient Society, are pathological and clinical, medical, surgical, and obstetrical, and have briefly indicated how, by being specialists, we may fall into error, and by so-called pathology be led away from clinical work—the aim and object of all our studies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 2ND, 1872.

MR. JOHN HILTON, F.R.S., PRESIDENT, IN THE CHAIR.

A REPORT from the Morbid Growths Committee on Mr. Adams's case of Mollities Ossium was read by Mr. Arnott.

Mr. T. SMITH showed part of an Aorta with Aneurism of the sinuses of Valsalva. This specimen was taken from a man who died after ligature of the right subclavian for axillary aneurism, and which was described at a former meeting. He then spoke of the clubbing of the fingers of the right hand in the same case. (Some casts of feet and hands showing clubbing of the toes and fingers were handed round.) On admission into hospital the clubbing was well marked; after rest, and keeping the hand raised for four or five days, it became less, and entirely disappeared after ligature of the artery. In Mr. Gay's case of double aneurism the fingers of both hands were clubbed. In his case the clubbing was apparently due to local congestion, as the axillary vein was found on autopsy flattened out by the pressure of the aneurism. We may conclude that clubbing of the fingers is due to obstruction in the pulmonary circulation or the systemic veins, or to anything obstructing the blood-stream, as seen in congenital malformation of the heart and thoracic aneurism, also in emphysema; it has also been met with in the course of a pneumonia, passing away on recovery. Suppurative diseases did not seem to produce it, unless there was suppuration in the thoracic cavity. Only in one case had he seen clubbing following disease of bone, that of a child suffering from disease of the pelvic bones, and here there was no obstruction to the circulation.

Dr. SQUIRE said that neither emphysema nor asthma was an unfrequent cause.

Dr. MOXON said that clubbing of the fingers was of obscure origin. It bears upon the important fact to which Dr. Wilks drew attention—that, when people are ill, the nails are thickened, the thickening passing away on convalescence. He thought venous congestion from obstruction was a cause; but one cause was not enough, as seen in emphysema. Aortic disease frequently produced it, so also chronic phthisis.

The PRESIDENT asked Dr. Moxon if he had examined such fingers; and if so, what was the condition?

Dr. MOXON replied that he had never made sections; but, on post-mortem examination, the nail and bulb of the fingers were enlarged, and the parts below shrivelled.

Dr. PYE-SMITH did not think clubbing was due to œdema. If so at post-mortem examination it would have passed away. When there was marked clubbing of fingers, the toes were the same, as though from a common cause.

Dr. DOUGLAS POWELL thought there was more than congestion, as patients complain of tingling at the ends of the fingers. In a few cases he had seen clubbing come on

acutely (i.e., in two or three weeks) in advancing phthisis. It was rare to find any extreme clubbing of the fingers without the same condition being present in the toes.

Dr. CRISP thought it might be explained by cold causing congestion of parts, and so leading to enlargement.

The PRESIDENT spoke of a case of chest-disease in which there was clubbing of the fingers. Here keeping the arms raised did not remove the condition.

Mr. T. SMITH, in reply, said he agreed with Dr. Moxon that clubbing of the fingers did not arise purely from congestion, nor from any one cause. He did not think it resulted from cold.

Dr. KING showed a Malformed Heart taken from a boy, aged four, who died from abscess of the brain. The boy had never been cyanotic, and enjoyed good health till two years ago; since that time he had suffered from pain in the head, and lately a purulent discharge from the right ear. Eight days ago the left arm and leg became paralysed; he had a succession of fits, in one of which he died. A systolic murmur was heard at the apex during life. The two ventricles were found communicating at the base, the septum there being deficient. The foramen ovale was closed; the right auricle and ventricle were hypertrophied; the valves diseased. He thought it was the result of endocarditis during intra-uterine life.

The PRESIDENT spoke of a heart he had seen many years ago at Chatham Hospital. It had been removed from a soldier about thirty years of age. There was a large opening in the septum. The man had never been cyanosed. He had always been able to do his duty. He died suddenly after a long march.

Mr. SYDNEY JONES showed a Tumour, weighing 4 lb., removed from the parotid region. The patient was a lady, aged fifty-eight. Mr. Travers, twenty-eight years ago, removed from the same region a tumour the size of a plum. A few months after she accidentally received a blow on that region. At the end of five years there was a tumour the size of an orange. This gave little inconvenience till fourteen months ago, when the skin ulcerated, and hæmorrhage occurred. Since then there had been frequent recurrence of hæmorrhage. In March free arterial hæmorrhage came on. When seen she was blanched, and her pulse very feeble, and it was evident that some operation must be performed. The tumour was pedunculated, pedicle about three inches thick. A clamp was applied to the pedicle, and the tumour removed. The patient had now nearly recovered. On section there was a large development of cartilaginous tissue, common in these tumours; some parts were softer, presenting gland structure; there were a number of cysts containing fluid and gelatinous matter interspersed through the mass. Drawings of the microscopical appearances were handed round.

Mr. HULKE said that the drawings presented the appearance of the nest-like arrangement of the cells of an epithelioma.

The specimen was referred to the Morbid Growths Committee.

Dr. CRISP showed a part of the Wall of the Left Ventricle of a Heart, in the substance of which were three abscesses. The specimen was taken from a girl aged four. She had been in good health till February 24th, when she wore tight boots, which produced an ulcer on the right heel. This soon got well. Shortly after she complained of great pain in the middle of the right thigh; there was swelling and fluctuation; the pain was intense, and narcotics were of no use. The temperature was very high, 104° F. and 105°; pulse from 150 to 180. Abscesses came in various parts—the right temple, then the left, then on the chest; and the joints became swollen and painful. She died on the eleventh day. The lungs were hepatised and adherent.

Mr. T. SMITH asked if the thigh was examined.

Dr. CRISP said he was not allowed to do so.

Mr. T. SMITH thought it was a case of pyæmia arising from disease of the thigh-bone, and not from the heel.

Dr. MOXON said there was one point of interest in such cases—namely, the tendency of suppurative periostitis to cause abscess in the heart and kidneys, mentioning cases he had seen, and referring to eight cases in which Dr. Bristowe had found the same condition. In all cases of suppurative periostitis he examined the heart for abscesses. He did not think it arose from the severity of the pyæmia, for in other cases where the pyæmia was very acute and speedily caused death, the heart and kidneys were not affected, but rather that pyæmia arising in certain parts showed a tendency to affect certain other parts, analogous to cancer.

Dr. PAYNE said he had lately seen three cases of pyæmia without external wound, arising from periostitis and necrosis. The heart was not affected in any.

Dr. CRISP showed a largely Distended Colon from a patient who died from obstruction of the bowels. Post-mortem examination showed that the obstruction was caused by the rolling over of the colon, the meso-colon being very long; the colon was found distended with blood, about one pint and a half; no ulceration was detected. When he saw the patient, twenty-four hours before death, the abdomen was distended, and the colon distended and prominent. He suggested that puncture of the intestine with a fine trocar should be performed in similar cases.

Dr. CHOLMELEY said this had been done with good results; a fine trocar had been used.

Mr. CROFT exhibited two specimens of Colloid Cancer of the Breast. One was from a woman aged sixty. It had been growing for three years, and was the size of a hazel-nut; the nipple was retracted, and blood had oozed from it lately. The glands in the axilla were unaffected. The other was from a woman aged sixty-eight. It had been growing for two years, but more rapidly the last nine months; it was the size of an orange. The nipple had been retracted for thirty years; blood oozed from it occasionally. The tumour was adherent to the skin; no glands in the axilla enlarged. There appears to be two varieties of colloid cancer, the one *ab initio*, the other a colloid degeneration. The old theory that it arose from the breaking down of cells is now scarcely tenable. From the position of the groups of cells, the stroma would appear to be the source of the colloid material. He would like to know the opinion of others.

Dr. MOXON, in reply to a question from the President, said he had no experience as to whether jelly cancer came from the stroma or the cells.

Reviews and Notices of Books.

On the Myoidema of Phthisis. By LAWSON TAIT, F.R.C.S. Dublin: Falconer.—Any information tending to throw a fresh light upon the diagnosis or pathology of a disease of such vast clinical interest as phthisis is always welcome. Mr. Tait draws attention to the muscular phenomenon observable when phthisical subjects are percussed; this muscular irritability, or idio-muscular contractility, he terms myoidema, and in endeavouring to prove that it may be taken as a reliable diagnostic sign of phthisis, he has done good service, if only in inviting efforts to what is, without prejudice to what Stokes and others have observed, comparatively speaking, an untrodden field of medical research. Mr. Tait divides this muscular phenomenon (which is most commonly observed on the clavicular portion of the pectoralis major muscle) into fascicular and nodular, and he considers the latter, or wave nodules, to be pre-eminently a sign of tubercular disease, and has not yet seen it where there did not exist serious mischief, and in exact amount of its intensity is the amount of lung-softening. At the end of the pamphlet is a tabulated record of 117 cases of phthisis, which were examined with the special object of investigating the relation between external appearances and internal condition. On the question of phthisis, the author may be considered at once a pessimist and an optimist—a pessimist in overrating the prevalence of tubercular disease, and in an evident belief in a closer correlation of various morbid actions than is warranted by facts, and an optimist in the matter of prognosis. We fancy the statement that there are "very few diseases for which so much can be done with success" must be rather startling to the general practitioner, who, notwithstanding cod-liver oil, iron, quinine, and iodine, and with the favourable conditions of pure air and generous diet, yet sees his patient sink. However, we

can heartily recommend this pamphlet to the consideration of our readers, admitting that the crude observations which it contains may yet prove a sufficiently firm foundation upon which to build a trustworthy fabric.

The Journal of the Gynæcological Society of Boston. March, 1872. Boston: Campbell.—Among the periodicals lying on our table is the March number of the above journal. It opens with a notice of the receipt of a letter from the Pelvis Committee of the Obstetrical Society of London, and a motion thereon; and contains several short papers of interest, such as "On the Baneful Effects of Menstruation during Lactation upon the Milk," by Dr. Bixby; "Notes of a good Case of Intra-uterine Fibrous Tumour," by Mr. Favor; "Remarks on the Effects of Sewing Machines on Menstruation"; and the account, by Dr. Harlow, of a death fifteen minutes after a labour, during which sulphuric ether was administered as an anæsthetic. This case has a melancholy interest for two reasons—first, because, according to our experience in this country, anæsthetics during labour are free from danger; and, secondly, because, of the many substances hitherto used, ether is vaunted as the safest, so that in some places operations are now usually performed under its influence. But by far the most important paper is one by Dr. Storer "On two frequent causes of Uterine Disease"; one is the frequency with which women purposely procure abortions, and the other "the means so extensively employed to prevent impregnation." We are glad to see a man of Dr. Storer's reputation come forward so boldly against such evil practices, and state his case in so manly and conscientious a manner. We would commend his remarks to every medical man, for when we find a society of ladies as well as gentlemen, presided over by a noble lord, calmly discussing the best means for preventing the increase of the population, there is no necessity of leaving home to be brought face to face with habitual crime of a very deep dye. The number ends with part of a wordy war arising out of a dispute with some "State" societies and the American Medical Association, which holds an analogous position to our British Medical Association, and has apparently been taking too much upon itself.

Clinical Observations on the Dementia and the Hemiplegia of Syphilis. By M. H. HENRY, M.D. New York: F. W. Christern.—This pamphlet is a reprint from the *American Journal of Syphilography and Dermatology.* In entering upon the consideration of the subject, the author expresses his opinion that there is "a growing tendency to attribute to syphilis obscure diseases of the brain or nerve-centres, for no other or better reason than that they are obscure," a belief in which many of our readers will coincide. The two cases related by Dr. Henry are exceedingly interesting, if only for the heroic doses of drugs exhibited, one patient having taken *three hundred grains, or five drachms of iodide of potassium daily for over eight weeks,* at the same time taking iron and quinine; he apparently recovered under this treatment. The author believes there is no limit to the exhibition of the iodide, and has never observed it produce iodism. The second patient died, and the post-mortem examination revealed morbid changes well deserving the consideration of syphilographers, and which cannot but advance the current knowledge regarding the pathology of brain syphilis.

Practical Physiology; a School Manual of Health. By EDWIN LANKESTER, M.D., LL.D., F.R.S., &c. Fifth Edition, enlarged, with numerous woodcuts. London: Robert Hardwicke.—We are rejoiced to find that Dr. Lankester's "School Manual of Physiology" has reached a fifth edition, and we predict for it a still greater popularity under its new name and larger form. The manual appears to have been almost reconstructed. It now presents a clear, concise account of the human body, and the conditions regulating life and health. It is copiously illustrated, and a series of examination questions are added, by which the teacher will be able to test the amount of knowledge which has been acquired; and there is a glossary of terms. There is not a school of any kind, whether for males or females, rich or poor, in which this book might not be used as a text-book; indeed, it ought to be as common as an English grammar. Few persons are capable of forming an idea of the increase of human happiness and material prosperity which would follow upon a more general appreciation of the laws of health.

The Australian Medical Journal. January, 1872.—Medical science at the Antipodes does not seem at present to exhibit any great degree of vitality, although the influx of fresh blood must be constant. The present number, however, cannot be considered a fair average specimen of Australian medical journalism. A case of congenital hypertrophy of the arm and hand, of some interest, is reported. Among the miscellaneous news we learn that a gentleman in the colony has succeeded in growing the real "Turkey poppy," from which he has obtained a quantity of superior opium, worth 55*s.* per pound.

A Class-Book History of England. By DAVID MORRIS, B.A. Lond., Classical Master in Liverpool College, &c. Illustrated with numerous Woodcuts and Historical Maps. London: Longmans. 1871.—We have long desired to meet with a history of England that was clear, concise, and reliable, and at the same time inviting instead of repelling to a boy: and we have no hesitation in saying that the class-book by Mr. Morris is, in these respects, much the best that has fallen into our hands. There is no reason why history, of all things, should be made intolerably dry reading, and yet most of the modern class-books are to our minds of a very dry and uninteresting character. Mr. Morris's work is compiled for pupils preparing for the Oxford and Cambridge local examinations, the London University Matriculation, and for the higher classes of elementary schools.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I beg to enclose the form of a petition just received, signed by the parochial medical officers of Dundee, and which was accompanied by a note requesting that I would hand it over to some member of the House for presentation.

To be of any service a bundle of such petitions should be sent in; would you therefore publish it, and permit me also to add that, as several Scotch medical officers have petitioned in support of the views of the English medical service as contained in the form published in your issue of the 23rd ult., it would be a graceful return if English medical officers copied, signed, and forwarded to me, without delay, this petition in support of the superannuation of Scotch medical officers.

I am, Sir, your obedient servant,

Dean-street, April 8th, 1872. JOSEPH ROGERS.

To the Honourable the Commons in Great Britain and Ireland in Parliament assembled.

The humble petition of the undersigned Poor-law medical officers showeth,—

That whereas a Bill called the Poor-law Amendment (Scotland) Bill, 1872, has been brought before your honourable House which does not provide for the superannuation of medical officers who have become incapable of discharging the duties of their office by means of infirmity or old age:

Your petitioners pray that the Bill be amended by the insertion of the words "medical officer" after the word "inspector" in Clause 37, Superannuation of, Part 7, General Provision.

Your petitioners further pray that no Bill be allowed to become law which does not provide for the superannuation of such infirm or aged medical officers.

And your petitioners will ever pray,

Signed by the Parochial Medical Officers of Dundee.

THE LANCET.

LONDON: SATURDAY, APRIL 13, 1872.

WE trust that the apathy evinced by the House of Commons on the subject of Public Health may not be found to represent the state of public opinion generally prevailing; but we cannot disguise from ourselves that such may be the case. When we look back and think of the warnings which have been persistently yet fruitlessly given by the medical profession, and of the great difficulty we have had in persuading people that life may be prolonged by greater attention to the laws of health, we may wonder indeed that people should still be content to suffer in their own persons, to lose their children, to imperil the productive resources of the country, and to increase the burden of the Poor-rate; but we can only pity the ignorance which prevails, and hope that a better state of public education may enable people and members of Parliament also to appreciate the maxim of FRANKLIN, that public health and public wealth are inseparably combined. The indifference upon the subject is the more to be deplored because it imperils Mr. STANSFELD'S Bill. It is scarcely likely that a Government whose popularity depends upon its pushing forward those quack political measures upon which so much is thought to depend, but out of which so little comes of good, will put itself out of the way to carry through one in which no interest is taken by the majority of members of Parliament; and our only hope is that Mr. STANSFELD will resist bravely the depressing influence of empty benches, and persist in carrying a measure which the more it is explained and understood the better it seems calculated to effect a real improvement in our sanitary administration.

Two principal objections have been made against the Bill, one relating to the central and the other to the local authority. It certainly appeared to us at first that there was no sufficient guarantee that the medical staff of the Privy Council, through whom alone the medical profession have hitherto been enabled to influence sanitary administration, would have their duties satisfactorily extended and defined. That objection, happily, has now been removed. Mr. STANSFELD, in his answer to Mr. GATHORNE HARDY, who stated this objection on the second reading of the Bill, and still more explicitly in his reply to a deputation on Monday last, has explained that he appreciates very fully the great importance of a highly skilled inspectorate; that it is his intention to apply to Parliament for a supplementary estimate to enable him to increase the present staff in the medical, engineering, and chemical departments; and that he proposes to divide the country into sanitary inspectorial districts, with the object of diffusing the fullest information on sanitary science and administration, and of securing respect and obedience for the requirements of the law. We cannot but regard these explanations as highly satisfactory; and if Mr. STANSFELD will only take care to avoid the influences which are so often brought to bear injuriously on such appointments, and to promote men of judgment and experience to the new inspectorates, he will secure for himself and successive ministers a consultative body who will protect him from injudicious interference with local action, and issue such common-sense directions as shall secure the respect and obedience even of a stupid local board.

Before leaving this part of the subject, we would commend to Mr. STANSFELD'S notice a proposal made in an excellent article in the *Daily News* of Monday last—namely, that a consultative board should be formed of the *élite* of the present inspectorial staff, to which all official orders should be submitted, as they are to the Army Sanitary Committee. This board should assist in arranging the districts, and in prescribing the duties of the respective inspectors, lay and professional; and the members should have a somewhat higher pay. The knowledge that Mr. STANSFELD has good advisers is not sufficient, but it is desirable that he should impose upon himself the duty of consulting them. It is no reflection upon him to say that ministers have sometimes neglected this duty, and in proposing it we have no wish to relieve him of the responsibility and power of control which attach to his ministerial office.

The second great objection to Mr. STANSFELD'S Bill relates to the nature of the local authorities; and here also we think that his proposals, although susceptible of improvement, are in the main correct. Mr. STANSFELD is ready to admit that the constitution of one single public authority for every possible purpose of local government would theoretically be best. But in practice we must look to existing divisions as a state of things which could not be got rid of without a perfect revolution. Nothing, for example, is more desirable than that public vaccination, the relief of the poor, the management of education, the provision of dispensaries, the administration of sanitary law, the supervision of factories, and even the machinery by which the people might be able to insure against destitution, disease, and death, should all be under the control of one elected body of men. But how is it possible to absorb boards of guardians, vestries, and school boards without such a remodelling of the law as is at present hopeless? We must therefore be content to let our institutions consolidate gradually. And, for ourselves, we confess that it seems to us not the least merit of Mr. STANSFELD'S Bill that it creates no new authorities, but simply invests existing ones with definite powers for administering sanitary law.

But perhaps the main objection is made against the board of guardians as the rural authority. It is urged—and we have always felt the force of the objection—that neither the intelligence nor the interests of guardians are such as to make them good sanitary administrators; that sanitary legislation has failed mainly on this account; and that something like outside compulsion will be required to make them do their duty in the future. Now we have the authority of Mr. STANSFELD—and in this he was not contradicted by Mr. GATHORNE HARDY—that the neglect even of boards of guardians is due rather to the want of definite information and instruction as to the object of the

law than to any intentional resistance to its precepts. We have always maintained this view. When, for example, Mr. HARDY passed his Bill for providing dispensaries in the metropolis, we repeatedly stated that the non-fulfilment of the law was due to the inaction of the Poor-law Board, and the general introduction of dispensaries immediately began when the matter was pressed upon the attention of the guardians. In the case of sanitary administration, there has been neither a definite condition of the executive nor a systematic inspectorate. Local authorities have had the greatest excuse for shifting their duties on to other shoulders, and there was no one to fix it on themselves. To argue therefore from the past is, as Mr. STANSFELD said, unsound. "I have the greatest confidence," he observed, "in the educational influence of a good inspector, who seeks to persuade rather than to compel a local authority to perform a duty definitely imposed on it by law." And it should never be lost sight of that all this system should be looked upon as means to an end, that end being such a general education of the people in sanitary science as to make interference quite unnecessary.

We hope, therefore, that some greater interest will be evinced when the Bill comes on in committee. The public expect that an Act will be passed this session; and a very heavy responsibility will rest upon the House if through the indifference of its members the measure should not be pressed.

THE meeting of Governors of the Orthopædic Hospital, a full report of which we publish elsewhere, confirms, if indeed any confirmation were needed, the opinion we expressed last week with regard to the essentially devitalised condition of that institution. The order and harmony characteristic of life have disappeared, and the hospital has been rapidly resolving itself into its constituent elements. The surgeons appear to have been at variance with the Committee and with each other, the sub-committee at variance with the secretary, the house-surgeon to have been discharged because he did his duty, and a nearly equal division of opinion exists among the subscribers with regard to the proper incidence of blame for the series of miscarriages that has ensued. Amid the chaos there are just two points that deserve to be rendered prominent—first, the treatment received by the ex-house-surgeon; and secondly, the alleged purchase of votes by Mr. BRODHURST at the eve of the general meeting.

The house-surgeon was, we take it, a grievously injured man, and those who are curious with regard to the treatment he received, and with regard to the state of the institution for which he was supposed to be responsible, cannot do better than refer to our report upon that subject in THE LANCET for Sept. 16th, 1871. The fact that this gentleman, in the presence of evils which he could not remedy, and which he did not think it right to conceal, called for an inquest upon a deceased patient, was made the ground of his dismissal. The Committee apparently regarded him as one who had improperly divulged the secrets of his employers, and who was to be punished simply from an employer's point of view. We, on the other hand, hold that the house-surgeon to a hospital has distinct responsibilities to the patients and to the public, and that it is his duty to call attention to any circumstances which defeat the primary objects of the charity of which he is put in charge. If his remonstrances take no effect upon a Committee of Management, he is bound to make them elsewhere, subject to the risk that his case must be a real one, able to stand the test of investigation. The members of a hospital committee are simply trustees for the general body of subscribers; and if they do not fulfil the trust reposed in them, or if they talk and argue and wrangle while patients are unnecessarily dying, it is highly fit that this general body of subscribers should be informed of the facts, so that, if necessary, they may obtain the services of better men. Now the case of the house-surgeon was one about which the staff might have opposed the Committee legitimately, and in which they would have been supported alike by the profession and by the public. If Messrs. TAMPLIN and ADAMS had made common cause with Dr. BOURNE, and had announced that their resignations would follow upon his dismissal, there can be no doubt that they would have saved him, and would have gained credit for themselves. Instead of doing so, they suffered Dr. BOURNE to be sacrificed, with at most a feeble and ineffectual protest; and the result is that they fall victims in their turn, and fall, if not exactly unpitied, yet with scarcely a fraction of the sympathy that, under other circumstances, they would have received.

The alleged purchase of votes is a matter of a totally different kind, and it is one concerning which Lord ABINGER's suggestion that, if legal, it was not loyal, has met with very general acceptation. At the last meeting, Mr. BRODHURST denied that he made the votes in question; and he has now followed up this denial, as indeed he was bound to do, by an explanation of how it befel that he was caused to appear to make them. Mr. BRODHURST informs us, in a letter which will be found in another column, that friends of his had canvassed for new subscribers in order that he might receive the rank of full surgeon to the hospital; and that his cheque, for the subscriptions paid or promised through him, was given in order to register the new votes, and to render them available for this totally different question. Such an explanation as this must, of course, be highly satisfactory to everybody; but it still leaves something that might be said. It would be still more satisfactory if Mr. BRODHURST could assure us that the thirty new voters, qualified in order to support a particular proposition, actually abstained from voting on the question of the report, and did not take any part in deciding a controversy in which they could have had no interest. If they did vote upon the report, and, as alleged by Lord ABINGER, turn the scale of the decision, Mr. BRODHURST is fairly entitled to echo the petitions of those who ask to be saved from their friends. It even becomes impossible to acquit him of grave indiscretion; for a prudent man would have taken care to warn his new voters not to intermeddle in questions arising out of past management. It is not the legality of the voting that is called in question; for if the votes had been purchased by Mr. BRODHURST for his domestic servants, the transaction would doubtless have been perfectly legal; but

men of honour are bound by a higher standard than mere legality, and the universal condemnation of such a purchase would have rested upon the element of prejudice and unfairness that it introduced into a quasi-judicial assemblage. It would be thought, moreover, that the cause which required the employment of such weapons must be a weak one; and hence we are in no way surprised at the very general and widespread feeling of indignation, both among the public and in the profession, which has been aroused by the very suspicion that Mr. BRODHURST'S cheque had procured the overthrow of his colleagues. We are heartily glad that he has been able so promptly to disavow the imputation cast upon him, and trust that he may also be able to furnish the assurance which we have suggested above.

Into questions between Lord ABINGER and Mr. BRODHURST of course we cannot enter; but we must express our inability to share the hope with which Mr. BRODHURST'S letter concludes. The Orthopædic Hospital cannot usefully survive this last and crowning scandal; and the proper sentence upon it would be—"Cut it down, why cumbereth it the ground." There is not, as we have said already, the shadow of a pretence for saying that it is required to meet a public want; and it must still contain within itself too many elements of discord to allow of its being brought once more into proper and harmonious working.

REPRESENTED by Dr. ARLIDGE, their president, and Mr. E. M. STANSFELD, their honorary secretary, the Association of the Factory Medical Officers have issued a series of "Remarks on some Clauses of the Mines Regulation Bill," remarks which seem to us as sound as they are opportune. The leading principles of the measure are approved of; but grave exception is taken to Part I. of the Bill, from Clause 4 to Clause 13, in which omissions calculated to lessen its usefulness are but too apparent. While these clauses regulate the duration of employment, and prescribe proper intervals for meals, and arrangements for the education of children under thirteen years of age, they make no provision against the employment of young persons disqualified by imperfect physical development, deformity, or existing disease. Again, although they fix certain ages for beginning work, they indicate no plan by which such ages are to be ascertained. They are, in truth, completely behind the Factory Acts, which thirty years of legislation have brought up to their present state of efficiency; so that to sanction the "Mines Regulation Bill" in its present form would be a retrogression from accepted principles in sanitary legislation. Take one example out of many: in the absence of sufficient safeguards in the employment of children and young persons in mines, these places must necessarily be resorted to by such as were rejected for inadequacy to other and often healthier occupations. Cases of this kind, as the factory surgeons can attest, have often occurred. But it is not only that the Factory Acts show what should be done for miners; they also supply the means for carrying it into effect. They furnish a complete medical organisation for accomplishing the necessary sanitary supervision of labour. "In every district throughout Great Britain and Ireland where industrial pursuits are followed, are to be found one or more medical men selected with care by the Factory Inspectors charged with the examination of all juvenile candidates for employment," experienced in conducting such examinations and in the manufacturing processes of their locality—a point, as the authors of the "Remarks" justly observe, of some importance as enabling them to judge of fitness for the kind of work proposed. Now, this organisation is ready to hand, brought, so to speak, "to the pit's mouth," and immediately available for all purposes of the Mines Regulation Bill. The Factory Acts Extension Act takes cognisance of blast furnaces and forges, in common with other kind of manufactories, and under it medical certificates are required for the young persons thus employed. While, however, these furnaces and forges are immediately contiguous to mines, and are in the hands of the same proprietors, regulations are in force for the one occupation which are not in force, though equally required, for the other—boys engaged in such works not seldom changing their occupation, and going from the furnace to the pit, or *vice versâ*. Nay, more: "the same boy may one day partake of the beneficent measures the law has devised, and the next be discarded from notice, although all the time in the service of the same employer." Equally pertinent are the "Remarks" on the fixing of certain ages for work and the enforcement of schooling—a point on which legislation for mines and even workshops is extremely defective from the facilities enjoyed by mercenary parents for palming off their children as of an older age than they really are. The remedy for this, of course, is the adoption of that system of registration which works so well under the Factory Acts. If certificates of age are produced, the factory surgeons have the means of checking them; if they be wanting, the surgeons can give an opinion sufficiently precise concerning age as to satisfy the real demands of the Act.

We have touched upon the more serious defects of the Mines Regulation Bill; the less serious are candidly and intelligently canvassed in the *brochure* before us, and will, doubtless, have their due and salutary effect on the measure in its passage through Committee. Indeed, enough has been said to show that much advantage would arise from a consolidated Department of Manufactures and Mines under a central authority.

WE are glad to perceive that Mr. CARDWELL, in answer to Sir EDMOND LACON, expressed himself as willing to consider the just claims of the Militia Medical Service. We see no reason for departing from the opinion we put forward on the first declaration of Mr. CARDWELL'S intended reorganisation. Appointments in the militia have been transferred from the lord-lieutenants of counties to the Crown, and those of a medical nature must, consequently, be included; but it would obviously be unjust to deprive militia surgeons of their posts without extending any consideration to the claims which they undoubtedly possess. The present incumbents ought to be allowed to serve on until they vacate their appointments by death or retirement from unfitness

to serve, or they should receive some compensation in the shape of a pension if their retirement be made compulsory. We have all along advocated, however, that any scheme which should knit the regular and reserve forces more closely together would be a good one, and we fully concur in the reorganisation which Mr. CARDWELL has brought about. On the ground of special training and fitness for the duties, as well as in the interests of the public service, we think Mr. CARDWELL could not, with the large body of army medical officers at his disposal, have gone on perpetuating the present system by making fresh medical appointments to our reserve forces. The ARMY MEDICAL DEPARTMENT is a large service, and the great majority of its members have little to hope for in the present state of things; and Mr. CARDWELL could not in justice refrain from utilising their services in the discharge of functions for which they are, or ought to be, perfectly qualified.

Medical Annotations.

"Ne quid nimis."

THE CONJOINT SCHEME FOR ENGLAND.

WE understand that active steps are being taken to give effect to the scheme for a Conjoint Examining Board for England, so far as the Colleges of Physicians and Surgeons of England and the Universities of Oxford, Cambridge, and Durham are concerned. Some little misconception it would appear prevails with regard to the intention of Mr. Quain's recent motion on the subject in the Council of the College of Surgeons, to the effect that no further steps should be taken to bring about union amongst the English bodies. This motion, which was adopted by the Council of the College, had reference to action with regard to those who had not as yet found it practicable or convenient to join the bodies at present moving in the execution of the scheme already proposed. It was intended, we are informed, to signify that the College should not further seek for the adhesion of the Apothecaries' Company and the University of London, but that it should be left to these bodies to take the initiative in the matter. The difficulty which the University of London experiences in actively co-operating with the rest of the English bodies has as yet not been removed. It arises from the fact that the charter gives to the affiliated colleges a kind of vested interest in the University examinations, and it is held by lawyers consulted that the University, in altering its regulations with a view of aiding the establishment of a conjoint examining board, would interfere with the direct interest and privileges secured to these colleges by the charter of the University. The medical members of the Senate are not disposed to let the matter rest, feeling that the University, which was established upon liberal principles of the broadest kind, ought not to be fettered in regard to its medical section by difficulties and technicalities that are opposed to the whole spirit of the University, the more so as in the Arts and Law sections there is nothing in the form of "vested rights" to fetter any action of the University calculated to render real service to the public.

Dr. Storrar has submitted a proposition to the Senate to transmit to the Home Secretary the recommendation of the General Medical Council, that a conjoint examining board for England should be formed, with an explanation of the present difficulty in which the University finds itself, and this will be accompanied by a request that Government will remove the difficulty, if it be real, and should it be necessary to do so, by a short Act.

It is quite clear that the colleges affiliated to the University can have no manner of objection to the formation of a conjoint examining board, and the University which has done not a little in forwarding the establishment of such a board ought to be released from the present false position in which it is placed by the mere "letter of the law."

THE SMALL-POX AT LOWESTOFT.

SMALL-POX has not only been very prevalent and fatal at Norwich, but Lowestoft has during the last three or four months suffered very much from the same epidemic. In connexion with this disease at the latter town, a very tragical occurrence has taken place. A patient, while suffering from an attack of small-pox, deprived his wife of her life by cutting her throat, apparently while under the influence of delirium. The unfortunate woman at the time was herself recovering from an attack of small-pox. The man was committed by a coroner's jury to take his trial at the Ipswich Assizes; but, owing to medical evidence adduced to the effect that the prisoner's appearance in court would be attended with risk of spreading the infection, the judge ordered his trial to be postponed. There are several points of interest in connexion with this case. The first is as to the period at which a small-pox patient ceases to be infectious. It appears that the unhappy man first became ill on the 27th of February with what proved to be a very severe attack of small-pox; that the injury on his wife was inflicted on the 3rd of March, and that he was declared at the coroner's inquest on the 25th, by the medical man who attended him, to be absolutely free of infection and fit for removal, "because he had been subjected to the necessary precautions." As we have seen, however, the judge, acting on the advice of the medical officer of the jail, refused to allow him to take his trial on the 29th, on the ground of public safety. This conflict of medical testimony is to be regretted. On the whole, we think the judge was right in adopting the course he did. We do not know exactly the period over which small-pox possesses infectious properties, nor are we aware that the use of disinfectants affords any guarantee of safety. In a severe confluent case, such as we presume this to have been, it was therefore better to act on the safe side, and not expose possibly susceptible people in a crowded court to any risk. Another point in the case is the danger incurred by district visitors giving brandy and saffron, as was ignorantly done in this case, to bring out the eruption of small-pox. Mr. Prentice, of Lowestoft, very properly, in our opinion, strongly insisted on the injury that might be caused by alcoholic stimulation under the circumstances. Lastly, there is the question of responsibility of surgeons with regard to the ordering of restraint. Dr. Liston and Mr. Prentice, who attended the unfortunate man, were evidently animated by a very anxious desire of doing what was right in this respect, and they exercised all reasonable vigilance in the matter. The former visited the patient three times within twenty-four hours of the tragedy, specially with this object in view, and the attendants saw no necessity for putting the man under restraint. It is easy to be wise after the fact. As Mr. Prentice observed to a pert juryman: "If you could look into the future, you would no doubt act differently to what you do." Besides, he added that he had repeatedly urged, privately and publicly, upon the authorities the necessity of having a second male nurse in all small-pox cases. The judge, in some remarks he made, apparently thought the medical men to blame for not having had the patient properly restrained. The question of medical responsibility is a very

grave one in such cases, and while we hold the medical men to have acted conscientiously, we think that it would be well always to shift this responsibility on the proper authorities, by requiring them to afford all necessary aid for watching such delirious patients.

We learn that a small-pox hospital has been erected at Lowestoft, at the cost of some £400 or £500, to isolate thirty patients. Two experienced nurses from St. Bartholomew's Hospital are employed, and Dr. Liston is specially engaged to attend to this hospital. There is a floating hospital of six beds in the harbour, for the reception of any sea-borne cases. A disinfecting-house has also been built for washing, baking, and disinfecting the clothes of the patients, and vaccination and revaccination have been extensively carried out. With the very creditable energy that has been displayed by the authorities under the recommendation of the surgeons of the town, there is every hope that the progress of the disease will be subdued, and that there will be a clean bill of health for the summer visitors.

MR. SIMON'S SALARY.

THE inquiry of a correspondent in our last week's issue relative to a rumoured intention to reduce the salary of the medical officer of the Local Government Board was abundantly justified, for it was founded upon no less an authority than the Civil Service Estimates, as printed and laid before Parliament. It is not to be doubted that the profession would have deeply felt and strongly resented such an indignity as would be implied in a reduction of Mr. Simon's salary, and that, too, at a time when everybody is anticipating for him a largely extended sphere of duty in connexion with pending sanitary legislation. The facts of the case are these: The Act of Parliament under which Mr. Simon was appointed medical officer to the Privy Council fixed his salary at a maximum of £1500 per annum. Up to and including the financial year 1869–70 the estimates annually provided for this sum of £1500, but in the next year the vote was increased to £2000. This led to a discussion in Parliament, when Mr. Stansfeld stated that, "as Secretary to the Treasury, he had sanctioned the increase of the salary of the medical officer, Dr. Simon, from £1500 to £2000 a year, because he had ascertained that the gentleman in question had been obliged to give up private practice in order to give his undivided attention to the duties of his office." This explanation was not only accepted as perfectly satisfactory by the members who had raised the question, but drew from several other members an expression of opinion that Mr. Simon's services were well worth £2000 a year to the nation. In the estimates for 1871–2 the £2000 appeared, and subsequently was voted without question. But in the estimates for 1872–3, lately laid before Parliament, there appears the following entry under the head of the Local Government Board:—"Medical officer of the Privy Council and Local Government Board, £1500." There was not a word of explanation given for this changed amount, and we are obliged to our watchful correspondent for calling attention to what has no doubt sorely puzzled many besides himself. The real truth, as we understand it, is that since the amalgamation of the Medical Department with the new Local Government Board it has occurred to somebody to raise a doubt as to the legality of the increase in salary which Mr. Simon received two years ago. Considering, however, that such increase was sanctioned by Mr. Stansfeld, who was at the time the Treasury representative in Parliament, and that the House of Commons acquiesced therein, it strikes us as an absurd bit of pedantry that any question should now be raised on the subject. If Mr. Stansfeld had himself any doubt thereon, why did he not insert a clause in the Local Government Act of last year in order to give Mr. Simon the benefit of the technical legality now seemingly found wanting as regards the salary he has enjoyed for two years? There is no intention, as we quite believe, of reducing the emoluments of Mr. Simon's post; the solution of the matter will probably be found in the fact that as he has still certain duties to perform in connexion with the Privy Council, a part of his salary will in future be voted under the heading of that department in the estimates. It may be urged that no provision in that respect is apparent in the estimates for the current year, and although we are not in a position to explain the reason of this, we believe we may say with something very like certainty that Mr. Simon will continue to receive the £2000 a year to which he is on all grounds justly entitled.

THE BROWN INSTITUTION.

THE Senate of the University of London have approved of certain special regulations with reference to the admission to the laboratory of those who wish to conduct particular pathological investigations, and to the duties of the officials. Dr. Klein, in accordance with the provision contained in Clause 15 of the Scheme of Management, was appointed by Dr. Sanderson as his scientific assistant. The advantage, however, which the institution will enjoy from the assistance of a gentleman of Dr. Klein's high qualifications and established reputation appears to the Committee to be so great as to render it desirable that he should have a recognised position as a member of its staff. The Senate have therefore accorded him the title of Assistant Professor, though without salary from the institution.

As the Senate further desire to make the institution available for the purpose of study and research to all persons who possess the requisite scientific training, they have adopted the following regulations in regard to the admission of workers and their use of the laboratory:—Admission to work in the laboratory is to be granted by the Committee, on the recommendation of the Professor-Superintendent, to persons who have had the requisite previous scientific training, on their undertaking to abide by the following conditions—namely, that all studies are to be conducted under the control of the Professor-Superintendent; no research or investigation whatever is to be undertaken which is not approved of by him. No publication of any research is to take place without the sanction of the Professor-Superintendent; and in all cases the words "Research conducted in the laboratory of the Brown Institution," or others to the same effect, are to be appended to the title of each published paper. Each worker is to provide himself with those instruments which are required for his own exclusive use, defray the expense of material, and contribute the sum of ten shillings per month, payable in advance, towards the incidental expenses of the laboratory.

POOR-LAW MEDICAL OFFICERS AS OFFICERS OF HEALTH.

WE venture to remind the Poor-law Medical Officers' Association that the plea of dependence is not one likely to raise their members in the estimation either of the public or their employers; on the contrary, it is the certain forerunner of more imposition and neglect. If the Poor-law medical officers really desire to have their importance increased as a justification for an advance of salary, they will seek new employment and higher responsibilities, and they will not be deterred from performing a duty imposed upon them by the Legislature by considerations of fear or self-interest. There is a way of performing public duty which, however distasteful to all the parties con-

cerned, is nevertheless accompanied by mutual esteem; and there is happily in this country so great a respect for honesty and consistency that no one in the long run suffers greatly from their exercise; in fact, it may be safely affirmed that the fearless yet judicious performance of any duty is sure to result in the gain of friends as well as in their loss. We are no advocates of violence, and public sanitation has suffered as much from the excessive and injudicious zeal of its advocates as from the opposition of its interested opponents. A medical officer of health, appointed ever so independently, will be utterly unable to perform his duty if he should find himself in antagonism with his sanitary authority; and no matter how right he may have been, no central authority could maintain him in office if their differences proved irreconcileable. The ability, therefore, of a Poor-law medical officer to perform sanitary duties is a question of knowledge and tact, and we should be sorry to think that these qualifications are beyond the acquirement of any member of our profession. Whilst, therefore, we are most anxious to obtain for the Poor-law medical officers the moral support and scientific assistance of good inspectors, we nevertheless think that there are many sparsely populated parts of the country where it would be inconvenient, if not impossible, to employ health officers debarred from private practice, and that the imposition of sanitary duties on Poor-law district medical officers is calculated to augment their social importance, as well as to advance their pay.

THE OUTRAGE ON HER MAJESTY.

THE following details concerning the boy Arthur O'Connor, who has pleaded guilty to the charge of threatening the life of the Queen, have been furnished to us by Dr. Sutherland, who, in connexion with Dr. Bond, examined the prisoner on the morning after the outrage, with a view to ascertain his mental condition:—When asked about the act itself, he stated that his intention at the time was to deliver a petition to the Queen demanding the liberation of all Fenian prisoners, and that he thought by presenting a pistol at Her Majesty to strengthen his appeal. He had no intention of shooting the Queen at the time. He stated that he was not incited to the act by any other person, nor by reading any sensational literature, but that the thought of doing the deed came upon him suddenly one day when walking alone in Hyde-park. He said that he was in weak health, that he had had typhoid fever, and that he was then suffering from indigestion. He had from time to time been out of work, and was discontented with his position in life. He had not lived happily with his relatives at home. He believed in Christ and in religion generally, but thought that no man ought to be bound by any particular form of worship. He slept well, sometimes dreaming, but never seeing any ghosts or hearing any voices by night or by day. He says he has never suffered from any 'illusion,' or anything approaching to mental aberration, and he appeared to be much amused at the word 'insanity' being used in reference to himself. He was a great talker, and was evidently pleased at having an opportunity of giving vent to his political opinions. His manner seemed to be above the average of his class, but he displayed a decided want of education in his knowledge of grammar and of recent events. He denied that he had taken such a step with the object of making himself conspicuous, but affirmed that the act was simply done for the good of his country, and that he should not care if his name were never known or mentioned in connexion with it. He appeared to be an enthusiastic, fanatical boy, who, being discontented with his position, and probably excited by the recent events of the Thanksgiving ceremonies, had chosen this time to create a diversion in his mode of life, and make himself notorious for the time being. There was nothing in his appearance, manner, or conversation that would lead to the impression that he was a person of unsound mind.

MASTER AND SERVANTS (WAGES) BILL.

THE letter of Dr. Williamson in another part of THE LANCET shows how important it is that the bearing of the Master and Servants Bill on medical appointments should be seriously considered. Dr. Williamson's case is probably not an uncommon one. He is the medical attendant on very large chemical works. He was elected by the vote of the men, and has held his appointment for more than thirty years with the greatest possible concurrence of the men and their families. Such a mode of appointment realises the wish of another correspondent—that the men should have a voice in the selection of their surgeon. But voice or no voice, and even where the arrangement works well and harmoniously, as in this case, Mr. Winterbotham's Bill would render it illegal for masters to retain a few pence a week for the admirable purposes of medical attendance and sick and benefit funds. We put it to Mr. Winterbotham whether it is good statesmanship to delegalise a system which has worked so well, and upon the faith of which some of the best provincial surgeons have been labouring all their days. It is to such arrangements that thousands of working men owe their first lessons in providence and forethought, as well as a very efficient kind of medical attendance. But these arrangements are entitled to consideration, not only because they are valuable to working men, but because it is only by such a system that medical men can be properly paid for attending masses of workmen and their families. Medical attendance to be efficient must be given promptly. It cannot be haggled about as if it were fish or crockery. The medical man must go when sent for, either as a matter of charity or of previous and honourable provision. The independent spirit of working men is overpoweringly in favour of an arrangement by which they can pay for medical attendance rendered to them; and unless Mr. Winterbotham means to justify Mr. Disraeli's taunt that the Government interferes with every interest only to meddle and muddle, we hope he will alter his Bill so as not to interfere with medical appointments in cases where the men attended have had a voice in the appointment.

SMALL-POX AND RED TAPE.

WE should desire very much to know for what purpose the small-pox hospitals have been erected in the metropolis, if not for the purpose of preventing the spread of contagion? And yet it seems possible for a man to leave his lodging-house and tramp from Ratcliffe to Highgate, and at a hospital supported by voluntary contributions be refused admission because he cannot afford to pay; then to Hampstead, where he is also refused, because he is not provided with a legal order signed by the relieving officer; and after again tramping the metropolis from one end to the other, he is obliged to take refuge at the London Hospital in the middle of the night, and is taken in at the risk of infecting some hundreds of patients. Are the managers of the Small-pox Hospital at Highgate, we would ask, accustomed thus to drive patients presenting themselves with small-pox from their very doors? If so, we can only say that they differ from every institution of the kind with which we are acquainted, and the sooner they throw off their cloak of charity the better.

The farce at Hampstead is still worse, for it was stated that the porter acted with the full authority of the committee, and that no applicant for admission is permitted to see Dr. Grieve, because this gentleman most properly refused to accept the responsibility of exposing any patient

labouring under small-pox to the danger of a further walk, or the public to the dreadful consequences which must ensue from his exposure in the streets.

The whole affair is utterly indefensible. The man was admitted next day into Homerton; but it is monstrous that the admissions to these public hospitals, which are supported by the whole metropolis for the express purpose of preventing the spread of disease, should have their doors so bound by red-tape as not to be open for the reception of anyone who chooses to put himself *in formâ pauperis* by knocking at their doors.

LIFE IN DEATH.

WE learn from a contemporary that M. Heindrich, the headsman of Paris, and indeed lately of France, is dead, having discharged the duties of his office for no less than fifty-four years. During this period 139 criminals had passed through his hands. He was once asked by a visitor whether he thought the separated head continued to live after it had rolled into the basket. He pondered a few minutes as if to collect his memory, and then related instances which went to support an affirmative answer. Amongst them, he said that, on one occasion, a woman's head made a faint effort to spit at him; and he spoke of violent contortions occurring in the muscles of Orsini's face. Similar contractions were observed to take place in Queen Mary's face after decapitation. But surely none of these movements can be regarded in any other light than as of the nature of reflex actions. The stimulus is no doubt the sudden loss of blood, which here as elsewhere induces convulsions, and we altogether repudiate the idea that consciousness is preserved even for a moment in the decapitated head. The mere blow must stun, and before recovery takes place the flow of blood from so many large vessels must be sufficient to occasion perfect unconsciousness. M. Heindrich appears to have been a man of some cultivation, or at least to have had some interest in his calling, as he attended Velpeau's lectures in order to acquire a knowledge of the exact position of the *nœud vital*. He also made various improvements in the construction of the instrument with which he operated.

AGRICULTURAL CHILDREN.

THE enactments in favour of children working in factories and mines are about to be supplemented by similar provisions for protecting the agricultural child from the greed of its parents or the harshness of its employers. Mr. Clare Read has introduced a Bill, making it unlawful for any employer occupying not less than one acre, or his agent, to engage in the execution of any kind of agricultural work a child under eight years, or a child above eight and under twelve unless the parent or guardian has obtained a certificate that the child, if under ten, completed two hundred and fifty school attendances in the preceding year, or one hundred and fifty if the child be above ten. No penalty of course could be incurred if there were no elementary school available which the child could have attended within two miles of its residence. Five pounds is to be the penalty incurred by offenders under this Act if an employer or agent, and one pound if any other person. A court of summary jurisdiction shall have power to suspend the above restrictions on proper cause being shown, for a period not exceeding six weeks. Finally, it is proposed to enact that ten years be the minimum age of children employed in agricultural labour, instead of eight years as at present. Exception will of course be taken to many of Mr. Read's enactments on the score of "impracticability"—the usual synonym for interference with the power of employers, but with their general spirit and tenor we are thoroughly agreed. The "agricultural labourer" is becoming as formidable to the Legislature as the urban artisan; and in his case, as in that of his better-paid counterpart, we cannot too soon interpose in the child's behalf under the watchword *principiis obsta*.

STUDENTS' DEBATING SOCIETIES.

IN a recent notice of the annual dinner of the Royal Medical Society of Edinburgh, we took occasion to enumerate the benefits which undergraduates derive from connexion with such bodies. Nothing can be more salutary for a student than to habituate himself to put his knowledge and ideas intelligibly, neatly, and fluently before an audience, while not less advantageous to him is the receiving and rebutting of criticism when conducted in a candid and courteous spirit. We are glad to see that the time-honoured Edinburgh Society has so many and so efficient imitators in London, where the pressure of metropolitan life with its thousand and one distractions has generally been supposed unfavourable to the *Burschenschaft* of continental and even provincial university towns. The *London Students' Gazette* contains an outline of the discussions of the University College and other Debating Societies; and certainly the subjects appear to be well chosen, the arguments on both sides effective and animated, and, above all, the spirit pervading them in the highest degree gentlemanly. As a nation Englishmen are not fluent or impressive speakers, as our post-prandial oratory so painfully attests. It is not that ideas are at fault, but that presence of mind, self-command, and effectiveness of manner are wanting to accelerate and enliven the flow of language. Such societies as those we have mentioned conduce to the acquisition of these qualities, and we would recommend every student—particularly every medical student, whose literary culture is as a rule inferior to that of his legal or theological brother,—to take part in them as frequently as is compatible with his proper work.

THE COST OF SANITARY SUPERVISION AFLOAT.

WHEN cholera appeared imminent last year, the local authorities at most of the outports took measures for the surveillance of the shipping, and vessels arriving from what were called "suspected" ports were usually boarded by the inspector, who made his examination, and of course required to be paid by some one. Several local authorities seemed to think that the master or owner of the inspected vessel should defray these charges; and at a time when very sharp action was taken at Leith on a case in point, we took occasion to record a very decided opinion that the district benefited by these preventive operations should, as a matter of common justice and equity, "pay the piper." Although all these matters ought soon to be settled by the Public Health Bill now before the House of Commons, it is satisfactory to find that our own opinion on this question has lately been endorsed by no less an authority than Lord Granville. The *Shipping Gazette* reports that a Swedish barque, having arrived at Waterford in December last, was inspected by the local authorities, who charged fees for the work done. The master of the ship resisted payment; but, as the authorities persisted, he brought the matter before the Foreign Minister, through his own Consul-General in London, and Lord Granville compelled the Irish Government to refund the amount charged "in consequence of the arbitrary and illegal decision of the magistrates at Waterford in the case." It is but sensible and natural that people should pay for their own protection; and this principle should be very distinctly set down in the "Port" section of Mr. Stansfeld's Bill.

VITAL STATISTICS OF A BESIEGED CITY.

RECENT numbers of French magazines contain deeply interesting articles on the death-rate of the non-combatants of Paris during the memorable siege, and which almost go to prove that, during the time the city was girdled by "blood and iron," the mortality from diseases amid the many severe privations which a state of siege naturally engenders was almost as large as that of the soldiers on both sides who were killed during the war. The death-rate for over twelve months before the siege gave a weekly average of 1000 deaths. In the 26 weeks from the 18th of September, 1870, to the 17th of March, 1871, the recorded number of deaths was 72,523; deducting from this the 26,000 which, according to the previous average, would have been the number, we have a balance of 46,523 deaths due to the siege. From the 18th of September to the 26th of November the average death-rate was 1697 a week; from the 27th of November to the 3rd of February, 1871, the weekly average was 3429; but, in the six weeks from the 7th of January to the 17th of February, 1871, when it may be considered to have reached its maximum, and after which there was a decrease, the weekly average of deaths rose to 4291. So far, these data are open to the objection of being at times loose and incomplete, which is not very surprising, when we consider the peculiar difficulties experienced in collating them, and that these difficulties were greatly increased, when, after a short interregnum, Communistic succeeded Teutonic troubles. However, we hope to see before long completer statistical efforts to illustrate the medical aspect of the great "Siege of Paris."

H.M.'S INDIAN TROOP-SHIPS.

ABOUT this season the splendid vessels which compose Her Majesty's service of steamers between this country and the East bring large batches of invalid soldiers from India to Netley. On the present occasion, the number of invalids will prove very large. Upwards of 600 have already arrived by the *Serapis*, more than 700 are expected by the *Crocodile*, and other invalids, in much smaller numbers however, are to arrive from the Mediterranean stations. The steamer *Malabar* is reported to have had cases of dengue and measles on board, but these diseases were not regarded as of any great importance. "Dengue," was recently prevailing at Calcutta, Bombay, and other parts of India, and it had previously shown itself at Aden and other places. It is a continued form of fever, not dangerous to life, but attended with troublesome neuralgic and muscular pains. As it is of comparatively short duration, and has never prevailed in this climate, there need be no apprehension that a new form of disease is likely to be introduced into England. The name appears to be a Portuguese corruption of the word "dandy," the disease having been known by the name of "dandy fever" among the coloured population of the West Indies, from the stiff, erect gait assumed by those affected with it, owing to the pain that attends muscular movement. Preparations are made at Portsmouth and Netley for the arrival of the invalids and the transfer of such as do not require medical treatment to their different depôts.

CHILDBIRTH AFTER INTERMENT.

CAN a woman be delivered of a child after she is buried? We should have said no, decidedly, to this question. An inquest has been held at Churchacres, near Keadew, Roscommon, on the body of Eliza Moloughlin, who died in childbirth, in which she was attended by a midwife. Some question arising as to the qualification of the midwife, the poor woman Moloughlin was exhumed, when for the first time a child was discovered in the coffin. No child was seen by any one previous to the interment. Various questions were discussed at the inquest, the principal one being, could a child be born twenty hours after the parent's death? The doctors examined said there was no case on record in which a child was born so long after the death of the parent, but they believed such to be the case in this instance. So says a Galway paper, and a local medical man kindly assures us that the paper correctly reports the case. The jury acquitted the midwife, but returned a verdict of "Death during labour from apparent violence." The coroner intimated his intention of drawing the attention of the Government to the case. We fancy the Government have a good many difficulties in hand just now, and we shall expect further information rather from local authorities than from Mr. Bruce. A close investigation will doubtless show that the child was born before its mother's funeral, and probably before her death.

THE BUZZER NUISANCE.

WHAT is a buzzer? It is a kind of gigantic steam whistle employed by manufacturers (mainly in Yorkshire) to rouse their workpeople at certain times in the early morning. The noise made by one of those "devil screamers," as they are locally called, is simply dreadful, and when half a dozen of them are playing at once, the whole country side is kept not only awake, but in actual torture. The hour chosen for rousing the workpeople differs with different manufacturers, so that one buzzer succeeds another in a sort of fugue, fitter for Pandemonium than for a Christian country. The medical men of Yorkshire complain of the serious injury done to their patients by the insomnia induced by these "air-shattering" instruments; and many of the county members have been requisitioned by their constituents to put down the nuisance. For ourselves, we think a foul noise (especially if steadily kept up) is as hurtful to the system as a foul smell, and equally deserving of the sanitary legislator's attention. Mr. Stansfeld has already received many communications on the subject, and, we doubt not, after his Bill has passed through committee, the buzzer will have emitted its last shriek, and the good people of Yorkshire will again enjoy the bliss of "tired Nature's sweet restorer."

THE CITY CORONERSHIP.

WE are glad to see that a candidate of singular fitness has come into the field for the City Coronership, vacant by the death of the late Mr. Payne. We refer to Dr. Sisson, who was for many years practising as a barrister on the Oxford Circuit, and who then turned his attention to medicine, and graduated as M.D. in the Edinburgh University, where he took honours in medical jurisprudence. Dr. Sisson then settled in London, and was for some time physician to the Royal General Dispensary in Bartholomew-close. He therefore possesses the rare advantage of a combination of forensic and medical knowledge, and unites in himself all the qualifications that can be desired in the holder of the office he seeks.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

A GOOD PAPER seems to be always forthcoming at the meetings of this local Society. There was no exception to the rule on the 5th inst., when Mr. Sidney Jones discussed, in a very practical communication, the treatment of nævus in its various forms. Mr. Jones's experience leads him to the conclusion that the use of the actual cautery is by far the most satisfactory way of getting rid of the more superficial nævi. In reference to those more deeply seated, Mr. Jones stated that, where it was especially necessary to prevent deformity from scarring, he was wont, where the

nævus seemed to be encapsuled or more or less clearly circumscribed, to dissect off a portion of integument, and then to remove the nævoid mass by the knife, using the integument to cover over and neatly fill up the wound. In other cases, where large arteries were detected feeding the growth, he preferred to obliterate these vessels by the application of the actual cautery, applied more than once if necessary, and subsequently to attack and destroy the actual nævus by injection of perchloride of iron. Mr. Jones stated that he had not seen much deformity left by this treatment, and he gave the particulars of several interesting cases in support of his views.

SCURVY.

THIS disease appears to be somewhat on the increase again in the mercantile marine. No less than thirteen cases have been admitted into the Seamen's Hospital since the beginning of the year, and three official inspections have been ordered by the Marine Department of the Board of Trade. We are glad to see that one of these inquiries has resulted in the prosecution and conviction of the owner and master of the vessel for not having on board an authorised copy of the "Ship-Captains' Medical Guide," for not having supplied a sufficient quantity of lime-juice, for not serving out the lime-juice regularly, and for not providing proper accommodation for the crew. We are informed that a large ship arrived in the Victoria Dock last week with several severe cases of scurvy on board, but no official inquiry has as yet been instituted as to the cause of the outbreak. It is very important that in all these cases an inspection should be made, but we may fairly hope that, if the "port" sections of Mr. Stansfeld's Bill become law, the future sanitary authority of the port of London (as well as the local authorities at other ports) will keep a strict surveillance over all vessels that enter the river with preventable as well as infectious diseases on board, and so relieve the Board of Trade of a duty for the proper performance of which it has no adequate machinery.

THE NERVES OF TASTE.

A FRESH contribution to our knowledge of this subject has been given by Dr. Ph. Lussana, in the last number of the *Archives de Physiologie*, his views being based on pathology. He gives the details of an Italian peasant woman from whom Dr. Vanzetti twice excised a portion of the lingual nerve; two years afterwards it was found that the tongue was normal in form, nutrition, and colour on the affected side, but had entirely lost its gustatory sensibility, sweets and bitters being alike unperceived. This result he points out might have been anticipated by our knowledge of anatomy, since it is known that the lingual alone ramifies in the mucous membrane of the anterior part of the tongue to the exclusion of the glosso-pharyngeal, which is distributed to the posterior region of the lingual mucous membrane alone. He next proceeds to show that the gustatory fibres of the lingual nerve *do not come from the fifth*, and this he proves by adducing cases of complete paralysis of the fifth, yet in which taste was perfectly preserved. They come from the seventh, as is shown by the loss of taste when the facial was divided or paralysed, and are, in fact, contained in the chorda tympani.

FILTHY FOOD ON SHIPBOARD.

ON Thursday, the 4th inst., some seamen belonging to a vessel lying in the Commercial Dock, accompanied by Mr. Tilley, Medical Officer of Health for Rotherhithe, applied to the magistrate at the Greenwich Police-court for an order to seize 2 cwt. of meat that was being served out daily to the crew of the *Elizabeth and Cicely*. The meat was stinking and totally unfit for human food, but Mr. Maude had no power to act, and recommended the sailors to report the case to the Board of Trade. We have not been informed of the result, but it is manifest that some power ought to be given to enable medical officers of health to move with effect in such matters, inasmuch as one of the important duties of our future port sanitary authorities should be the inspection of food served out to sailors afloat. This is, and has been for many years, a fertile source of discontent between master and men, and many legal processes might be avoided if a competent inspector, armed with proper authority, were at hand to make a summary examination, and give his verdict accordingly.

MR. STANSFELD AND THE CONTAGIOUS DISEASES ACTS.

A RETURN recently presented to Parliament with regard to the operation of the Contagious Diseases Acts shows that the number of registered women has been reduced to about one-half in the seventeen towns in which these Acts have been in operation; and, further, that out of 11,995 of the women, 578 had been married, 907 had entered homes, and 2574 were restored to their parents. In other words, one-third of the whole number are known to have abandoned their vicious calling. In the face of this it is curious to see Mr. Stansfeld casting in his lot with platform orators upon the subject, and denouncing the Acts to a deputation of kindred spirits. We cannot quite see why he should have received the deputation, or what he has, officially, to do with a matter that falls within the province of another minister. Mr. Gladstone should really try to restrain his subordinates. In the present position of public affairs it is not prudent to allow even Mr. Stansfeld to prove himself possessed of less wisdom than the general voice has attributed to him.

THE LATE LORD MAYO.

COMPLAINTS as to the perfunctory manner in which the post-mortem examination of the late Viceroy of India was performed have reached us by the last mail. The wounds were two in number: one behind the lower third of the posterior margin of the right scapula, "about 1½ in. long, extending obliquely downwards and inwards, and penetrating deeply into the cavity of the chest." The other wound, similar in kind, passed directly downwards into the chest from about 1½ in. above the superior angle of the left scapula, "slightly splintering the superior angle of the scapula and indenting either the first rib or the transverse process of a cervical vertebra." But the viscera were not examined; the evidence as to such of them as were penetrated or wounded—evidence which must have been forthcoming in an ordinary trial for stabbing—being strangely omitted in the case of the Viceroy, although there was nothing in the circumstances to forbid, while there was much to demand, the completest examination.

THE MUSCULAR TISSUE OF THE SMALLER BRONCHIA.

PROF. RINDFLEISCH, in an article in the *Centralblatt*, states as the result of his observations that the smallest bronchia have a peculiar and well-marked layer of circular muscular fibres, which form a kind of sphincter where the bronchia are continuous with the infundibula. The fibres are capable of considerable elongation, and rest upon a very close-meshed plexus of capillaries, which resemble the pulmonary vascular plexus. The circular fasciculi send loop-like processes into the openings of the infundibula, which extend as far as to the fundus at two, three, or four points; bands of smooth muscular fibres also surround the in-

fundibula circularly. These muscular bands are for the most part situated in the inward projecting portions of the alveolar septa. In the so-called brown induration of the lungs, all these muscular bands become hypertrophied. When once they have been seen under these circumstances they may readily be recognised in the normal lung.

M. TAINE ON MEDICAL PEERAGES.

THIS distinguished critic and philosopher, whose "Notes on England," which first appeared in the columns of the Paris *Temps*, have attracted so much attention, in a chapter on "Aristocratic Ascendency," which concludes by a declaration that "the leading place will belong to intellect," has very pithily launched his condemnation of the present fashion of withholding due recognition of its claims from the medical profession on the part of the State. He remarks, "It is customary to confer baronetcies on three or four of the most distinguished medical men of the country. During the last reign there was a medical man of exceptional distinction whom it was desired to elevate to the peerage, but who declined the honour. An Englishman who told me this added, 'He was right; no man who held out his hand for guineas could take his place among peers of the realm.' As a Frenchman," adds M. Taine, "I am of a contrary opinion; yet the fact and its commentary are none the less characteristic."

LORD DERBY ON SANITARY REFORM.

WE regret that we have not space this week to give even an outline of the admirable speech on Sanitary Reform delivered by Lord Derby at the opening of the Bootle Hospital on Wednesday last. Suffice it to say that it was characterised by all the statesmanlike sagacity, sound philanthropy, and shrewd practical common sense, for which his Lordship is remarkable among the public men of this generation. The medical profession will, we are sure, most warmly appreciate the tribute which he paid to their unselfish labours in the promotion of all useful measures for the prevention of disease; and they will hope that his remarks upon the abuses of the hospital system will bear fruit in the administration not only of the Bootle Hospital, but of all similar institutions throughout the kingdom.

AYRSHIRE MEDICAL ASSOCIATION.

AT a special meeting of the above Association in the Assembly Rooms, Ayr, on the 4th inst., it was unanimously resolved that the Association petition Parliament against the clause in the "Master and Servants (Wages) Bill," which affects the present practice of securing payment for medical men in connexion with public works; the Association considering that the present arrangement is the only one whereby the services of properly qualified medical men can be retained in such appointments, and believes that any alteration of the present arrangement would prejudicially affect the interests of the working men themselves. At the same meeting the following medical gentlemen were admitted members of the Association:—Drs. Watt, Ayr; Herbertson, New Cumnock; Sloan, Catrine; and Stevenson, Muirkirk.

THE QUEEN'S VISIT TO GERMANY.

THERE is no foundation for the widely-circulated report that Her Majesty, during her recent stay in Germany, took vapour baths at Baden Baden. Not only did the Queen not use the Baden Baden waters in any form, but we are authorised to state that there was no occasion for Her Majesty's doing so. The Royal visit to Germany was made for the sole purpose of seeing the Princess Hohenlöhe, Her Majesty's sister, whose health has been such as to prevent her from coming to England.

CHOLERA has reappeared at Mecca, so that Jeddah is, or should be, included in the list of "suspected" ports.

THE Fellowships of the University of Dublin, in consequence of the passing of Mr. Fawcett's Bill, will henceforth be open to candidates of all religious denominations.

TRUE to her charitable disposition, Her Majesty the Queen has been pleased to grant to the British Medical Benevolent Fund a donation of £100.

IT is stated that the stroke-oar of the American crew in the forthcoming International Boat-race is a medical man well advanced in years.

THE Gynæcological Society of Boston, U.S., have elected Dr. Alexander Milne, of Edinburgh, a Corresponding Fellow on account of his eminence in obstetrics and diseases of women. Mr. Lawson Tait has been elected an Honorary Member of the same Society.

AT a special meeting of the Strabane board of guardians, held on the 19th ult., the salary of the medical officer (Dr. Smith) was increased from £50 per annum to £80. Dr. Smith has not been in office quite two years, having been appointed on the 25th of May, 1870.

THE authorities have decided that, in future, assistant-surgeons of the Royal Navy shall no longer be compelled to pass their qualifying examination at Somerset House, but shall go through this ordeal on the station where they may be serving when they have complied with the regulations.

DR. ROBT. FOWLER, who is an annuitant under the Poor-law Amendment Act, 1867, has lately been appointed one of the guardians for the parish of St. Botolph, Bishopsgate. It remains, however, to be seen whether the Local Government Board will sanction an appointment that seems a violation of the Act of Parliament providing that "no person receiving any salary from the poor rates shall be capable of serving as a guardian."

THE Dublin authorities appear determined to put a stop to the wholesale adulteration of milk, which has lately become so general in the city. In addition to suffering heavy fines, the names of fraudulent vendors are now prominently advertised in the local papers, and the percentage of water found in the milk is stated. This is a step in the right direction, and we hope that the moral pillory thus established will have the desired effect, and produce a wholesome reform.

THE "Life" of Sir James Y. Simpson, Bart., is, at the request of his executors, to be entrusted to his friend, the Rev. John Duns, M.D., F.R.S.E. Dr. Duns has many qualifications for the task. Besides belonging to the same county as Sir James, he is a naturalist of versatile and accurate knowledge, and for nearly four years conducted with unusual ability that now defunct quarterly the *North British Review*, to whose pages he was a frequent and effective contributor.

THE health of the troops assembled during the late manœuvres at Delhi was remarkably good. The sanitary and hygienic arrangements were under the immediate supervision of Dr. J. Huntley Gordon, Deputy Inspector-General of Hospitals. During the month of January, for example, only three deaths occurred out of a strength of over 5000 men, and the proportion which the daily sick bore to the strength was 2·48 per cent. The equivalent annual rate of mortality was only 6·001 per 1000.

A VERY favourable report on the rise and progress of the new Asylum for Idiots and Imbeciles recently opened at Lancaster has just been made by the Commissioners in Lunacy. There are now eighty-nine inmates, and a large proportion of these are capable of receiving some sort of instruction. Great progress has been made towards the completion of the northern portion of the asylum, which will be appropriated to female patients; and the Commissioners pay a well-deserved compliment to Dr. Shuttleworth, the superintendent, in recording that "the improved condition of the patients and the satisfactory state of the asylum afford the best evidence of the active and efficient management of the institution."

THE RIVIERA.

(BY A SPECIAL CORRESPONDENT.)

So much has been written of late years concerning the great advantages of the Franco-Italian coast between Marseilles and Genoa as a winter resort, that it cannot but prove interesting to the readers of THE LANCET to learn what were the impressions of this region on one who has made his first visit in early spring—when in London the east wind and the rain alternate with glimpses of sunshine—when the great coat is discarded only to assume the mustard plasters as a penance for one's folly, and the crocuses are year after year nipped by bitter frosts, and sent back as it were to mother earth to learn the truth of the old proverb that one swallow does not make a summer. During the cold, the wind, the rain, the east wind, we started southward at the beginning of March. We were glad of our thick great coat on starting, and still more glad of it at Paris, where (albeit it was bright and glittering) the wind gripped us with redoubled severity, and made us glad to start again for possibly more favoured regions. Away south, our "Inverness" wrapped closely round us; past Dijon, past Maçon, its vineyards looking like the drying ground of some Lilliputian laundry; past Lyons, bathed in the smoke of its thousand factories; still our cloak was invaluable, and we began to think that the whole of Europe, south as well as north, was scourged by the same monotonous, cold, biting east wind, and that all its inhabitants were alike equally liable to bronchial catarrhs and strumous pneumonia, and those other pathological conditions which, however the savants of Berners-street may wrangle about them, all end by converting our lungs into abominable pulmonary honeycombs. South of Lyons, however, the railway begins to pass through the mountain range of the Alpes Maritimes, and the traveller soon finds that he is deriving some shelter from the mountain screen which he is leaving to the north. At Avignon the benefits of the said screen are evident, the great coat is taken off, the window of the carriage is opened, and the voyager, who perhaps may be an invalid, may breathe without fear the blessed air of heaven, untainted by passing through that vile necessity a respirator. Avignon has more than one advantage. Besides a balmy atmosphere it has an excellent restaurant and the half-hour which the train stops may be usefully employed by him who selects his vianda cautiously, and bears in mind the motto which we once saw at the head of a bill-of-fare at the Mansion House, "*Felix qui prudens.*" From Avignon to Marseilles in a few hours, and then going round the corner by Toulon and Hyères, we find ourselves at Cannes, an Anglo-American colony which, to use the simile of Dr. Henry Bennet, is filled by the human swallows who have flown southward from less genial climes. If the reader will consult a good map, he will find that the Franco-Italian coast between Cannes and Genoa forms almost a complete semicircle looking southward, and is backed by a range of hills, some of them 4000 feet high, leaving a belt of land between themselves and the sea of varying width, which belt of land is screened from all cold northern winds, is warmed by the sun, which does not, as with us, forget to shine, and is washed by the deep blue waters of the Mediterranean. This district was compared by a physician whom we encountered there to a plate-warmer turned towards the sun. His patients were the plates, who were kept warm and comfortable. From what we have said, it is evident that this district must be warm, a fact which a reference to the flora of the country fully bears out. Frost and snow are not unheard of, but they are infinitely rare. There is at times, however, much wind, and our old friends Auster, Libs, Notus, and Boreas are very trying to the invalid. Even northern winds during the occurrence of severe hurricanes manage to twist themselves into this sheltered amphitheatre, but such an occurrence is very rare indeed. When we got to Cannes, there was not a cloud in the sky, and scarcely a breath of air to cause a ripple on the lovely blue water. 'Twas as though we had been suddenly dropped from the first to the second line of Bishop Heber's hymn, "From Greenland's icy mountain," with its east wind and its Inverness cape, to "India's coral strand," with a straw hat and a white umbrella. Cannes seemed to us like Paradise, and as we walked midst the tropical foliage of some of its gardens, we could scarcely believe that we were not dreaming. Here we were within thirty hours of London, feasting our eyes on palms, olives, aloes, oranges, camellias, geraniums, cinerarias, and many other plants quite new to us, or such as are only to be seen occasionally in England in the hot-houses of the wealthy. We were filling our lungs with pure, balmy air, and listening to the low music of the lazy waves, as they scarcely curled upon the beach. There were other things, too, besides flowers, to please the eye, as he who has once seen the beautiful outline of the Estrelle Mountains, which forms the eastern boundary of Cannes, will readily admit. Cannes reminded us rather of Bournemouth, though it is considerably more sheltered than that watering-place. It is like Bournemouth in being excessively quiet, and the invalid will find here very little, too little, perhaps, to vary the monotony of the winter months. There is a small town with a straggling street, and a market-place, and a pretty little quay; but the majority of the winter residents live in picturesque villas, which are plentifully scattered over the southern slopes of the hills, or at the hotels and pensions, which are excellently managed for the most part. Cannes has one other great advantage which deserves mention: it is plentifully supplied with water.

Going eastward along the coast, the railway takes us in an hour to Nice. Here we are in a sort of Brighton: fine houses, fine streets, public gardens, bands of music, gay dresses, society, English and Scotch churches, long hotel bills, and all the advantages and disadvantages of a fashionable watering-place. Nice is rather more exposed than Cannes. The hills which surround it are not so high and do not approach so closely to the sea-shore. The palm trees along the Promenade des Anglais and elsewhere attest to the warmth of the climate. Nice is the most dusty place which one can well imagine, and this fact should be borne in mind before recommending it for patients troubled with coughs.

An hour's journey east of Nice, and we come to Monaco, one of the most lovely spots imaginable, for which Nature and Art have done all they can to add to its attractions. This may possibly some day become a favourite spot for invalids, but at present it is a little too gay, and its six gaming-tables prove too attractive to that sort of society which is not likely to improve the physical and moral well-being of anybody, be he sickly or robust.

An hour eastward again of Monaco is Mentone. Mentone has a warmer climate than either of the previously-named places. The screen of hills is a very high one, and rises immediately behind the town. The lemon-tree flourishes here, and the palms and olives attain a greater size than at any point westward of it. Mentone reminded us of Ventnor. It is built on the shore of two bays—an eastward and a westward bay—the former being the warmer of the two. There is plenty of accommodation for visitors, and the hotels and pensions appear cleanly and comfortable.

Eastward of Mentone again is San Remo, the situation of which is very similar to the other places, but at present the accommodation is hardly sufficient. We may expect in a very few years, however, to find the stream of visitors towards San Remo fully equalling that towards Cannes, Nice, or Mentone.

There are many villages between San Remo and Genoa

which are quite as advantageously situated as those we have mentioned, and now that a railway has been opened along the whole line of the Corniche road, we may expect to find that the number of winter watering places will be considerably increased. The town of Genoa itself is very warmly sheltered from the north, but is so unwholesome in other respects as to make it quite unfit for an invalid residence.

We have now completed our short sketch of this district, which we hope will serve to give our readers a tolerable general idea of its leading characteristics. We may add that the natural beauties of the country are such as we have seldom seen surpassed. There is an infinity of beautiful walks and drives, and the man of cultivated mind who can appreciate nature, who is fond of the study of botany, zoology, or geology, or who cares to occupy his hours of compulsory idleness in sketching, will find enough and more than enough to keep him healthily employed. All visitors to this district should provide themselves with Dr. Bennet's excellent work "Winter and Spring on the Shores of the Mediterranean," which we have found more interesting and instructive than either Murray or Baedecker.

ROYAL ORTHOPÆDIC HOSPITAL.

ON Monday last a special meeting of the governors of this hospital was held at the hospital, in pursuance of a requisition signed by the Earl of Shaftesbury, Lord Ebury, and others, to consider a motion with reference to a passage in the report passed at the annual meeting reflecting on the two senior surgeons. The chair was taken at three o'clock by Lord Shaftesbury. The meeting was a crowded one, so much so that a suggestion was made in the course of the proceedings that there should be an adjournment to Hanover-square Rooms; but this could not be acceded to, as all meetings are required by the rules to be held at the hospital.

Before the proceedings commenced, a document was handed in, signed by Mr. Money Wigram and others, protesting against the meeting, on the grounds chiefly that the "rescinding of all rules" (as about to be proposed by Lord Abinger), without specifying any, would be a violation of the charter; that the resignations of the two surgeons could not (as requested) be withdrawn, as they had been formally tendered and accepted; and that the reappointment of the surgeons, as suggested by the notice, would be in contravention of the 44th law of the hospital.

The CHAIRMAN said he did not think the protest could then be discussed, and as the meeting had been convened it would be desirable to come to a conclusion upon the questions to be submitted. He had been anxious that the meeting should be called with a view of seeing whether it was not possible in some way to arrange the differences that had arisen. (Hear, hear.) A public institution of that kind could not have its internal arrangements discussed from day to day without a loss of public confidence. Strong language had been used on both sides; but it was the part of common sense as well as of sound Christianity to forget harsh words. It would be little short of a public sin if such an institution were to fall to the ground because of a few angry expressions and differences arising between some of the gentlemen connected with it. He was exceedingly anxious that the matter should be adjusted, and he believed that with a little common sense and good feeling it could be adjusted.

Mr. SHAEN said that before Lord Abinger brought forward the motion of which he had given notice, he wished to speak to a point of order. He contended that, from a legal point of view, it was absolutely impossible for the meeting to proceed to consider the motion of which notice had been given. It was proposed to "rescind all rules of the hospital (if any) which may prevent the carrying out of the under-mentioned objects"—viz., the reconsideration of the annual report, and the omission of the paragraphs reflecting upon the surgeons. It was a matter of elementary order that such a step could not be taken. They were not asked to substitute any fresh rules, or to make any specific alterations, but simply to make a *tabula rasa*, and to rescind all rules which might interfere with an irregular proceeding. Supposing the rules to be rescinded, they could do nothing further until fresh rules had been framed. But if they did make fools of themselves by meeting and passing haphazard resolutions, they would be set right by the courts of law. Corporations could not be allowed to do as they liked in that irregular and fantastic manner. It was absurd to think of rescinding "all rules, if any," without specifying any particular rules. This was not a mere technical objection, but one which went to the root of the matter. They were asked to do a foolish and anarchical thing, and he called upon the noble chairman to protect the corporation from such a fatal proceeding. It was proposed that the two surgeons should be requested to withdraw their resignations. Those resignations had been tendered and accepted, and it was impossible that they should be withdrawn. Of course it was possible to express regret at what had occurred, and to reappoint those gentlemen; but they could not do an illegal thing. He earnestly hoped that some mode of quietly settling the matter might be adopted—some better mode than an appeal to a meeting such as that then assembled. (Hear, hear.)

After some further discussion on the points of order raised by Mr. Shaen,

The CHAIRMAN said he was sorry to have to decide such a matter at the outset of the proceedings. "To rescind all rules if necessary" was no doubt a very wide expression, and might lead to grave error. He was not aware that there was any rule forbidding the reconsideration of the annual report, and he would suggest that the motion be brought forward for that purpose, according to the notice, omitting the words as to the rescinding of the rules, which were irregular.

Lord EBURY said he had intended to second the motion of which Lord Abinger had given notice, but he was compelled to leave, having to take the chair at another hospital, where, he regretted to say, a somewhat similar discussion had arisen.

Lord ABINGER then moved,—"That the Special Court reconsider the Annual Report of the Committee of Management, as passed at the last annual court, and expunge therefrom the paragraphs reflecting on the two senior surgeons." He said he never addressed a meeting under a greater sense of responsibility than he then felt. His object had been to protect the interests of the hospital, and to carry out a conciliatory policy; but the previous meeting was against the course he suggested, and the senior surgeons were obliged to send in their resignations in consequence of the three paragraphs in the report. That was a matter of deep regret to him; but he still hoped, as every well-wisher of the hospital must hope, that before the institution was ruined by these internal divisions ("No, no"), a policy of conciliation would be adopted, and the objectionable paragraphs be expunged. He did not at the annual meeting go into the question of the fairness of the report, but simply suggested that the paragraphs in question should be expunged, in order that the hospital might not present the appearance of "a house divided against itself," for public support could not be expected unless it was seen that they were conducting their affairs with unanimity and propriety. He would now explain why he thought that the paragraphs in question should be expunged. As an officer in the army, he could say, that if a man in his regiment misconducted himself, or was too late for parade, he did not immediately have him tried by court-martial, but he administered a lecture. Now, supposing the surgeons to be to blame, a "lecture" would have been sufficient to meet the case; but to publish a report destroying the reputation of those gentlemen was a punishment almost vindictive in its character ("No, no"), and far beyond any possible offence committed. If it could have been shown that habits of intemperance had been contracted by those gentlemen, or that after their long service they had become less skilful in the use of the knife, it would have been the duty of the committee to insist on their retirement; but it was simply a squabble between the surgeons and the committee; and he asked whether the punishment was not greater than the offence? The first paragraph stated certain sanitary works had been carried out on the recommendation of Dr. Murchison, "whose authority was appealed to because the two senior surgeons declined the responsibility." It was perfectly impossible that that statement could be correct. Dr. Murchison had himself

stated that it was inaccurate, and conveyed an erroneous impression, and that nothing would have induced him to interfere except in consultation with the medical officers, or if they declined responsibility in the matter. The second paragraph stated, "An inquest was summoned on the private application of one of the medical officers, at which the two surgeons attended as witnesses, with the apparent object of relieving themselves from all responsibility for the late sad events by bringing grave and unfounded charges of culpable neglect against the Committee of Management." The facts of the case were these: Diphtheria and scarlatina had set in, and it was supposed that the sanitary arrangements of the hospital had had something to do with the spread of the disorders. An inquest was summoned on the application, not (as might be inferred) of one of the officers whose conduct was called in question, but of the house-surgeon, who did it in order to clear his own reputation. That might have been an imprudent course, and hurtful to the hospital; but they had no right as governors of the hospital to object to a surgeon taking public steps to clear his own character. He was informed that the two senior surgeons gave evidence in support of the house-surgeon, and not in support of the committee; but it should be remembered that their statements were made upon oath, and they had no right to say merely what was agreeable to the committee. (Hear, hear.) He believed that the house-surgeon, who was the servant of the committee, was immediately discharged. The third paragraph was as follows:—"In conclusion, the committee feel bound to state that they do not receive from the two senior surgeons that co-operation and support which they are entitled to expect, and which are indispensable to the successful management of the hospital." That was only an assertion which was founded on the two previous paragraphs. There was another point which he ought to mention, but on which he touched with great difficulty. It would be remembered that at the annual meeting there were 33 votes in favour of expunging the paragraphs, and 50 against; and he would explain how he was afraid the resolution was carried. He was informed by the secretary that on March 8th, eight new annual governors were made, and twenty-four on March 12th, a day before the meeting. Of those thirty-two names, thirty were handed in by the assistant-surgeon, together with his cheek for thirty guineas. (Shame.) Another vote was also presented by the assistant-surgeon, who paid a guinea for it; and another vote was that of the instrument maker of the assistant-surgeon. It must have been perfectly well known that the adoption of the report would lead to the resignation of the surgeons, and at the meeting a proposal was to be brought forward that after a certain number of years' service every assistant-surgeon should become, *ipso facto*, a full surgeon. So that the degradation of his superior officers placed the assistant-surgeon in the position of senior surgeon to the hospital. (Shame.) He (Lord Abinger) immediately wrote to the committee to inquire whether they approved of the steps which had been taken by the assistant-surgeon, and the answer he received was that they were not sufficiently informed on the subject, and that they suspended their judgments. (Laughter.) In forwarding his letter to the committee he told the secretary that he was at liberty to show it to the assistant-surgeon, and, if he made any fair or reasonable excuse, to withhold the letter from the committee. The assistant-surgeon's answer was that he knew only two of the persons whose names had been handed in. It would, he thought, have been better if he had known them. He could understand his having cured so many children that thirty fathers might be found ready to come forward and support him; but to bring forward thirty men whom he did not know was something like his (Lord Abinger) bringing in a company of his regiment to vote at the meeting. (Laughter.) The next excuse was that the course he had taken was "perfectly legal." It might be legal, but was it loyal? (Hear, hear.) He hoped that the assistant-surgeon had heard everything he had said; and if he could give an answer which was satisfactory to the chairman, he (Lord Abinger) would make him a humble and handsome apology.

Sir J. MAXWELL, in seconding the motion, said he did not see how the two seniorsurgeons could withdraw their resignations unless the objectionable paragraphs were expunged from the report; and he hoped that that course would be adopted by the meeting.

Mr. BRODHURST said he did not make the votes in question. It was true he brought the names, and gave a cheque. The money had been sent to him; and whether he gave the money or a cheque made no difference. ("Oh, oh.") He was extremely sorry for the result, which was different from that expected by the committee or himself. The remarks of Lord Abinger were consistent with his previous conduct. ("Oh, oh," and hisses.) He came there to persecute him. When he first came he told him (Mr. Brodhurst) that he was "cheeky." Lord Abinger had attacked him in the medical press, and there he would answer him. He wished to say one word as to his lordship's motives.

The CHAIRMAN interposed, and said he could not allow motives to be discussed.

Considerable uproar and confusion followed, and the noble Chairman had some difficulty in restoring order.

Mr. GREG criticised Lord Abinger's conduct on the previous occasion, and said that though he had endeavoured to "throw oil on the troubled waters," he had proceeded in a way little calculated to bring about a successful result. With regard to the manufacture of votes, the system was no doubt objectionable, but it had been practised in the hospital before, and he should like to know whether Lord Abinger and his friends had not been doing the same thing.

Sir CHARLES JACKSON wished to make a few observations as to the course pursued by the committee, and in so doing he desired to disclaim all knowledge of Mr. Brodhurst's proceedings. With regard to the inquest, it was true that the coroner was set in motion by the house-surgeon, but the committee thought that he was acting under the inspiration of Mr. Tamplin. On August 10th, when the boy was dying, Mr. Tamplin came into the room and said, "The boy is dying, and there shall be an inquest." He denied that statement, but he admitted that he knew of the intended inquest, that he took no steps to prevent it, and that he never consulted with either of his colleagues or the committee respecting it. Had it not been for the activity of the secretary, those men would have had a hole-and-corner inquest, and have had it all their own way. Mr. Tamplin agreed in the main with the house-surgeon that there was an incessant scrubbing and washing of the wards, and that the use of one of the baths produced a dampness likely to cause diphtheria; that there was great want of care and cleanliness in the nurses; and that there was a want of superintendence. With regard to the first charge, it was certainly most extraordinary when compared with the report made by Mr. Tamplin and Mr. Adams on the 15th of June, in which they said, "In reply to the request of the committee that we should report upon the means of improving the sanitary state of the hospital, we beg to state that the measures which have been recently adopted appear to be sufficient for the purpose required. No fresh case of fever, diphtheria, or sore-throat during the past week, and the three little patients in the sick-ward are progressing favourably." On the 13th of July they appeared before the committee, and expressed their opinion that nothing further was required. If a bad system was going on, and if (as was alleged) the bath was in an improper position, and used for emptying slops, it was extraordinary that it should not have been mentioned. With regard to the want of cleanliness and attention, it was true that he complained on the 10th of August. On that occasion every member of the committee went upstairs with Mr. Tamplin; they stripped the patients, and not one of them was found in the slightest degree unclean. At the inquest Mr. Tamplin said that some of the bandages and the toes of the little patients were dirty, which would always be the case where the patients had to crawl about the floor. But the most disingenuous charge was that of the want of superintendence. On the 4th of May the committee received a letter from the surgeons, complaining of the want of care in the nursing, and the want of organisation. On the 5th of June they appointed a sub-committee to inquire and report, and that committee went fully into the case. The sub-committee not reporting, the committee on the 28th of June wrote to the chairman asking the reason. On the 6th of July they received an answer from Mr. Low, stating that he had mislaid his report, and was commencing another when he was seized with illness, and could not then go on with it. On the 3rd of August the committee determined not to wait for the report, and agreed to appoint a superintendent sister at an increased

salary; they also resolved to summon a meeting to consider the desirability of reorganising the nursing arrangements of the hospital. One sister came before them, and, the testimonials not being sufficient, further advertisements were ordered to be issued. Either the doctors knew what the committee had been doing, or they did not. If they did, their complaint was, to say the least, disingenuous; if they did not, they must have been apathetic and indifferent not to have ascertained. With reference to Dr. Murchison, that gentleman could not give evidence as to what passed between the committee and Mr. Tamplin and Mr. Adams. The minute of what passed was as follows:—"The surgeons were requested to state whether in their opinion the admission of any patients might now be resumed without danger from scarlet fever. They stated that they would prefer submitting it to Dr. Murchison, with whom Mr. Adams agreed to communicate, requesting his written answer in time for the next meeting." The last paragraph in the annual report related to the want of co-operation and support from the surgeons. He (Sir Chas. Jackson) would confine himself to two instances. On the 3rd of August the committee considered the propriety of Dr. Bourne remaining in the hospital. Two of their number called upon him and asked him to tender his resignation. A few days afterwards he wrote to them saying that, acting under the advice of Mr. Tamplin and Mr. Adams, he declined to tender his resignation. The committee were therefore obliged to pay him his three months' salary. (Laughter.) He would next read a paragraph from a report of a sub-committee which was appointed to investigate and reorganise the nursing of the establishment:—"We have sought interviews with Mr. Tamplin at which we felt it to be our duty to put certain questions to him. We regret to say that they were not received or answered in a courteous or satisfactory way. He told us that he saw that a warfare had begun amongst the officials of the hospital; that a battle was impending between the Committee of Management, on the one hand, and the surgeons on the other; that he was quite prepared to fight it out, and time would show which was the strongest." The committee had done their duty in bringing the matter before the governors; they were actuated by no personal motives, but only by a desire to benefit the hospital. If Lord Abinger's resolution was passed, it would shake the institution to its centre. (Oh! oh!) Lord Abinger had said in his letter that the doctors cured the cripples, not the Committee of Management. If there was anything in that suggestion, it meant that whenever the committee and the doctors differed, they ought always to side with the doctors. Gentlemen (the speaker concluded), you are at liberty to do so; I only hope you will come to a right conclusion. (Applause.)

Mr. Low said he had been prevented by illness from presenting his report. If it had been brought before the committee it would have compelled them to turn the secretary out of his place. He (Mr. Low) had attended the committee regularly; and the others who had not thought proper to exclude him (Cries of "Vote!") ——

Mr. SHARN said he wished to reserve for himself and others who thought with him, the power to regard the vote, if it should be adverse, as a nullity, or, if necessary, to have it reviewed and corrected in a court of law.

Mr. GULL suggested, by way of compromise, that the paragraphs in the report should be withdrawn, and that the two surgeons should not be restored. (Oh! oh!) If this was not acceded to he hoped the meeting would have the good sense to support the committee.

The CHAIRMAN then put the motion, and took a show of hands, which he declared to be in favour of the "ayes."

A ballot was then demanded, and was, after some delay and considerable confusion, taken.

The noble Chairman strongly protested against this method of voting, as being "utterly detestable"; but at length yielded, it being understood that each voter was to inscribe his name on the voting card before depositing it in the urn.

Some confusion also arose with respect to a bundle of proxies which were presented on behalf of the committee, and which gave rise to a strong protest on the part of Lord Abinger and his friends, who stated that they had been informed by the secretary (who, however, denied the assertion) that proxies were not to be used; and that they had accordingly abstained from applying for them. Ultimately they were withdrawn under protest. Scrutineers on each side were then appointed to count the votes. There appeared to be some difference of opinion as to whether certain of the votes should be allowed to pass, and hence there was a discrepancy in the returns.

On the part of the committee the numbers were declared to be—

For the motion	98
Against	103
Majority against the motion...	5

The scrutineers for Lord Abinger reported the numbers as follows:—

For the motion	98
Against	99
Majority against the motion...	1

The CHAIRMAN declared the motion to be lost, adding that the second motion, requesting the withdrawal of the resignations of Mr. Tamplin and Mr. Adams, fell to the ground.

A vote of thanks was then accorded to the noble Chairman, who, in acknowledging it, expressed a hope that the "oil" which had been "thrown upon the troubled waters" would not turn out to be petroleum.

Correspondence.

"Audi alteram partem."

LOCOMOTOR ATAXY.

To the Editor of THE LANCET.

SIR,—At page 427 of THE LANCET, March 30th, is a description, with cases, by Dr. Lockhart Clarke, of alcoholic paresis and paraplegia; and at page 431 is a case reported by Dr. Pollard as one of ataxy, but which seems to me to belong to the alcoholic class. Ataxy does not appear in a night and disappear in a few weeks; its invasion is slow and insidious, its course from bad to worse, and its end death; thickness of speech and paresis of the upper limbs, which, in Dr. Pollard's case, were initial phenomena, are terminal in ataxy. The remedy, moreover, that Dr. Clarke found efficacious in his alcoholic cases—viz., nitro-hydrochloric acid—was used with success by Dr. Pollard; for, although combined by him with five grains of iodide of potassium, this salt so combined could have had no share in the result. Ataxy, on the contrary, is not influenced by the acid, or by any other known medicine, but is, as Duchenne asserted, an essentially progressive disease. There is no doubt that Dr. Moxon is right in believing that under the term ataxy are often included widely different pathological conditions. The last case I saw of true ataxy extended over seven years, and not until a few months before death did paresis of the upper limbs, dysphagia, and thickness of speech appear. The earliest deviation from health was hemicranial and hemifacial tic, then came the characteristic gait, dizziness, ocular troubles, want of accommodation of the eyes, pains in the calves, and, lastly, thick speech, dysphagia, spasmodic rejection of fluids, and paresis of the upper extremities, the left arm and hand being weaker than the right. My patient could not read the largest advertisements in the streets until he had steadied his body against a wall or lamp-post; whilst walking, the letters seemed to dance up and down and run into one another. Sir W. Gull at one time, I believe, located the disease in the ventricles; the French pathologists regarded it as "posterior spinal sclerosis." Whatever be the nature of the disease, Dr. Hughlings Jackson holds that it may reach as high as the medulla oblongata and pons, but not so high as the lateral ventricles; certainly deafness, strabismus, amaurosis, and paralysis of the third and sixth nerves are recognised complications and ordinary accompaniments of Duchenne's disease.

I am, Sir, yours truly,

D. HOOPER, M.B.,
Physician to the Surrey Dispensary

April, 1872.

THE ORTHOPÆDIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—It is well known to all who have watched the history of the Orthopædic Hospital that for many years there has been going on a struggle between the general body of the Committee of the hospital and the two surgeons, who have been supported by Lord Abinger and a small minority of the Committee. Prior to most of the Annual and Special Courts an active canvass for new governors has taken place, a practice which it is well known prevails in almost every institution in which there are pending exciting questions. At the Special Court, which was held at the conclusion of the Annual Court in March last, some of my friends determined to propose that there should be created an officeof third surgeon, with the view that I should hold the appointment. For this proposition, which would not in any way affect the positions of the two senior surgeons, they sought the support among their friends of additional as well as of old subscribers. Not unnaturally, they sent the names so obtained to me, with a request that I would see them properly placed upon the register. This I did, and it is all that I did; and that I acted in good faith is sufficiently proved by the fact that I made no concealment about it, but gave to the secretary, together with the names, my own cheque for the amount due from the subscribers, some of whom sent me the money previously and others subsequently to my paying it.

This is, I believe, all I need say in vindication of my conduct as a member of the profession. I cannot ask you to judge between me and Lord Abinger, who has on more than one occasion openly expressed the ill-will he has long borne towards me; nor is it necessary for me to enter into the question between the Committee and the two surgeons. That question has now been twice decided against the surgeons, and on this last occasion in spite of the most strenuous efforts of Lord Abinger and his friends.

It is to be hoped that the charity may now at length be permitted to continue to perform its beneficial functions undisturbed by further professional quarrels and personal disputes. I am, Sir, your obedient servant,

Grosvenor-street, April 9th, 1872. B. E. BRODHURST.

CONVALESCENT HOSPITALS.

To the Editor of THE LANCET.

SIR,—The terms of your article in THE LANCET of the 6th, on the administrative economy of St. Thomas's Hospital, point very clearly to the existence of evils that seriously impair the usefulness of large metropolitan institutions, and indicate, in consequence, a natural and proper remedy. All the London hospitals, with one or two exceptions, are in close proximity to suburban railways. The authorities should therefore imitate the example set by the committee of St. George's, and instead of enlarging their urban territories, should set up a supplementary establishment in the country, and feed that establishment with patients from the mother institution. An annotation on this important subject appeared in your pages some two years ago, and I think that the time has now arrived when some definite and organised attempt should be made to induce the general establishment of convalescent hospitals.

I am, Sir, your obedient servant,

London, April 10th, 1872. H.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

BIRMINGHAM has, during the last three weeks, shown a lower rate of mortality than any of the eighteen largest English towns; the rate for the past week was 22·5 per 1000. Small-pox still lurks about, but proves fatal in comparatively few cases. In the last three weeks the fatal cases have numbered respectively, seven, two, and nine, and most of these are reported to have been unvaccinated. A somewhat remarkable fact is recorded by Mr. Burton, the small-pox medical officer—namely, that of a boy aged sixteen, who died from that disease, on whom he could find no vaccination scars, and who, according to his mother's statement, had been operated on unsuccessfully for vaccination six times.

The Corporation still hesitate about the appointment of a medical officer of health; the subject has been on the agenda at every meeting since Christmas, but by some means the discussion is always adjourned until the next meeting. It is to be feared that with the decrease of the small-pox epidemic, the necessity for such an appointment would seem by the Town Council to be considered less urgent.

In Wolverhampton the Town Council appear to look upon the office as no longer necessary, for they have so resisted every proposition of Mr. Manby, their medical officer of health, that he has resigned his appointment—a circumstance much to be deplored, as Mr. Manby has been of great service to the town during one of the most serious epidemics with which it has ever been visited. Since last November there have been 377 deaths within the borough of Wolverhampton from small-pox alone, and even now a few cases are to be met with, while in the neighbouring towns of Bilston, Sedgley, and Dudley the disease is very rife. An instance of the false economy of disregarding the advice of the health officer is supplied by the fact that at the present time the Mayor of Wolverhampton is appealing for subscriptions to compensate poor people whose bedding and clothes were compulsorily destroyed during the recent epidemic. Had a disinfecting apparatus been provided, as was recommended by the medical officer, no such destruction need have taken place, and no such pitiful appeal would be necessary.

The amount spent on coroners' inquests in Birmingham annually is about £2000, a much larger sum than is required for the purpose in either Manchester or Liverpool, while in Leeds the cost is only about £596. On analysing the 846 cases which occurred during 1870, it is found that 273 were upon children of one year old and under. The verdicts of "natural death" were 388, of "accidental death" 395, while the rest was made up as follows:—Suicide, 44; murder, 2; manslaughter, 5; "found dead," 12.

Mr. Charles Sims, L.D.S.R.C.S., has been appointed dental surgeon, and Dr. Oliver Leeson resident physician, to the Queen's Hospital.

The first annual meeting of the Birmingham and Midland Hospital for Women was held on the 11th ult. This hospital was opened for out-patients on October 2nd, and for in-patients on December 4th, since which dates there have been 656 out- and 17 in-patients under treatment, while 240 cases have been refused treatment as not being within the scope of the charity. The financial statement is satisfactory.

At the last meeting of the Midland Medical Society, the following pathological specimens were exhibited:—Encephaloid Kidney, by Mr. Prosser; microscopic sections of Cancer of the Liver, by Mr. Rickards; Encysted Abscess of the Peritoneum in a boy aged ten, associated with cirrhosis of the liver, and for whom paracentesis abdominis had been frequently performed, by Dr. Underhill; and Diphtheritic Croup, by Dr. Sawyer. Mr. West, the President, then read a paper entitled "A Glimpse at Netley, Haslar, and some other Government Hospitals." In addition to Netley and Haslar, a short account was given of the lock wards of the Portsmouth, Portsea, and Gosport Hospital, where there is accommodation for 100 women, under the medical charge and general supervision of special Government officials; of the Portsmouth Convict Hospital, and of the various garrison hospitals in and about our chief naval arsenal.

In my next letter I purpose giving some account of the medical practice of the Birmingham Hospitals, which want of space precludes my giving in my present communication.

Birmingham, April 8th, 1872.

THE HOSPITAL FOR SICK CHILDREN.—A public reading by Mr. A. F. Westmacott, at the Hanover-square Rooms, on behalf of the fund for rebuilding the Children's Hospital in Ormond-street, resulted in £200 being added to the fund. Mr. Westmacott's reading was appropriately enough adapted to children. It is to be hoped that the proceeding will be repeated on some future occasion, and that Mr. Westmacott's example will be followed by others in favour of similar institutions.

Parliamentary Intelligence.

HOUSE OF COMMONS.

APRIL 5TH.

DR. BREWER presented a petition from women of a certain class in the Colchester district, subject to the operation of the Contagious Diseases Acts, in which they stated that the Acts had not injuriously affected their liberty, that they were grateful for the kindness and medical treatment they had received in the Government Lock Hospitals, and they should consider any modification of the Acts a calamity to them. The petition was signed by all the women on the register except four, who were sick in the Union or away from the district.

Mr. STANSFELD having moved the second reading of the Public Health Bill,

Mr. J. FIELDEN intimated that he should oppose the Bill in committee, and at the same time he criticised various portions of it, objecting to its tendency to over-centralisation, and to the clauses relating to the pollution of rivers and the disposal of sewage.

Dr. PLAYFAIR, in supporting the Bill, insisted on the expediency of raising the qualifications of health officers as high as possible, and offered some suggestions for the improvement of a few details.

Sir SELWIN-IBBETSON, while generally supporting the Bill, thought that the boards of guardians were already overworked.

Mr. MUNTZ, Dr. LUSH, and Mr. CORRANCE also agreed with the objection raised to the selection of boards of guardians.

Sir C. B. ADDERLEY, in replying to these objections, pointed out the difficulties of creating new bodies, while in taking advantage of the boards of guardians there would be a considerable saving of money and time. Although regretting that consolidation had been postponed, he eulogised the Bill.

Sir T. ACLAND, while approving the selection of boards of guardians, threw out suggestions for improving rural bodies.

Mr. G. HARDY, while conscious of the validity of some of the objections raised against boards of guardians, did not object, under the circumstances, to making them the local authorities, but strongly insisted on having an independent inspecting authority.

Mr. W. H. SMITH supported the Bill, but regretted that the metropolis was left outside the scope of some of its most important provisions.

Mr. STANSFELD, in replying, explained his motives for choosing the Union as an area and the guardians as a local authority, and defended the clauses relating to the pollution of rivers. It was his intention that the Act should be started with a complete staff of medical officers, and he meant to propose a vote to Parliament for the purpose. He had prepared a digest for circulation, enabling the public at a glance to see the salient points of our existing sanitary regulations.

The Bill was then read a second time, as also was Sir C. Adderley's Public Health and Local Government Bill.

APRIL 8TH.

Sir J. TRELAWNY asked the Government to postpone the second reading of the Contagious Diseases Bill to a later date than the 22nd April, in order to admit of a call of the House being made. He criticised the vacillating conduct of the Government in dealing with this Bill, and charged them with sacrificing their conscientious opinions to outside clamour.

Mr. BRUCE, in reply, gave assurance that there would be ample notice of the second reading of the Bill.

THE Annual Report of the City of London Lunatic Asylum, which was lately presented to the Court of Common Council, showed that during the past year 82 fresh patients had been admitted, making altogether 347 under treatment. The recoveries during that period were 26·8 per cent, which appears a high average.

ON Wednesday evening the Festival Dinner of the British Home for Incurables was held at Willis's Rooms, the Lord Mayor in the chair.

THE BAKER BROWN FUND.

THIS fund is being raised on behalf of Mr. Isaac Baker Brown, who is paralysed and in great pecuniary distress. The following additional subscriptions have been received.

Amount previously advertised ...	£147	0 0	Mr. Wm. Bowman .	£2	2 0
Mr. Walter Coulson	5	0 0	Mr. Victor de Méric	2	2 0
Dr. Grailly Hewitt...	2	2 0	Mr. C. J. A. Malton	1	1 0
Dr. George Johnson	1	0 0	Mr. J. W. Trotter, Coldstream Guards	1	1 0
Dr. Wm. O'Connor	1	1 0	Mr. H. Bullock, Isleworth	1	1 0
Dr. G. C. Dale ...	1	1 0	Mr. Thomas Hunt, Dorset-square ...	1	1 0
Dr. Barr Meadows...	1	1 0	Dr. Barrett	1	1 0
Dr. Frederic Bird...	2	2 0	Mr. Edward Newton	2	2 0
Dr. Hastings	1	0 0	A. B., per Dr. Routh	2	2 0
Dr. Goodfellow ...	1	0 0	Dr. Walter Rickards	2	2 0
Mr. John Harrison, Chester	5	0 0	Dr. Cleveland ...	1	1 0
Mr. John Gay ...	1	1 0	Dr. Wharton Hood	1	1 0
Mr. Borlase Childs .	1	1 0	Mr. Chas. A. Aikin	2	2 0
Dr. Ramskill	2	2 0	A Lady, per ditto...	1	1 0
Mr. Septimus Sibley	1	1 0	Mr. Heckstall Smith, St. Mary Cray ...	2	2 0
Dr. Pavy...	1	1 0			
Mr. John Wood ...	1	0 0			

The treasurers are Dr. Forbes Winslow, and Dr. Charles Cogswell, 47, York-terrace, Regent's-park, to whom subscriptions may be sent.

Obituary.

WILLIAM HENDERSON, M.D. EDIN.

A THINKER of rare acuteness and force, a physician of varied and profound accomplishments, and a highly popular expounder of the theory as well as practitioner of the art of medicine, has just passed away in Dr. William Henderson, for twenty-seven years Professor of General Pathology in the University of Edinburgh. Born in 1810, of respectable parentage, Dr. Henderson passed with much distinction through the literary, before entering upon the medical, curriculum of the University of Edinburgh. He graduated in 1831, having previously, we are informed, supplemented his studies by visiting the medical schools of Berlin and Vienna. At an unusually early age he was appointed Physician to the Fever Hospital, and thereafter to the Royal Infirmary, and very soon attracted attention by the acuteness and soundness of his observations on disease. To the *Edinburgh Medical and Surgical Journal* he contributed, between the years 1835 and 1837, a series of clinical studies on the heart and larger bloodvessels, in which, according to his successor, Professor Sanders, occurs the first notice of the murmur of efflux in a case of sacculated aortic aneurism, while he was also the first to demonstrate as a diagnostic sign of aortic regurgitation that "the radial pulse followed that of the heart by a longer interval than usual." Dr. Henderson allowed no improvement in the science or the practical apparatus of medicine to escape him, and as early as 1841 employed the microscope in the anatomy of the lung in pneumonia, in molluscum contagiosum, and other pathological studies. In 1842 he was appointed to the chair of General Pathology in the University of Edinburgh, previously held by Dr. John Thomson; and in the following year, during the epidemic of typhus and relapsing fever, he reached conclusions on those two types of febrile disorder which subsequent experience has not only not invalidated, but tended to confirm. He was the first to show, on irrefutable grounds, that these two fevers, usually confounded, were in reality distinct, and were due to different causes. Rather more than three years ago symptoms of that disease in which he had made his first researches declared themselves, and he had to resign his chair, and all but a little consulting practice at his own house, to treat himself for aneurism. His health rallied, mainly it is said to the salutary effects of iodide of potassium, and he was able to go about in-doors; but in about a fortnight he relapsed, and suffered great distress. On Sunday, the 24th ult., the symptoms became aggravated till the 1st inst.,

when he died. The profession at large may say of him in the words of Tacitus: "Consensu omnium dignus imperii, nisi imperasset."

JAMES GATIS, M.R.C.S.

WOLVERHAMPTON has lost an able and old-established practitioner in Mr. Gatis, who died suddenly on the 8th inst. The deceased gentleman took the Licentiateship of the Apothecaries' Company in 1832, and two years thereafter left his native place (Cockermouth) to settle in Wolverhampton, where he became house-surgeon to the old dispensary in Queen-street. In 1843 Mr. Gatis took the diploma of the Royal College of Surgeons, and some years later entered into partnership with the two other leading practitioners of Wolverhampton, Mr. George Edwards and Dr. Bell—a connexion which was only dissolved by the death of these much respected gentlemen last year. Besides his popularity as a practitioner, Mr. Gatis was also held in much esteem as a citizen, and was elected among the first chosen aldermen of the borough. He continued in active devotion to professional duty up to within a few hours of his decease, which was brought about by an apoplectic stroke a few minutes after visiting a patient. Greatly beloved by his friends, and affectionately regarded by the poor, to whom he was a generous and judicious benefactor, Mr. Gatis leaves a blank in the scene of his life-long labours which will not easily be refilled.

PHILIP HENRY WILLIAMS, M.D., M.R.C.P.L.

WE have to record, with deep regret, the death, on the 10th ult., of Dr. Williams, of Worcester, at the comparatively early age of fifty-one. Dr. Williams was the second son of the late Sir John Bickerton Williams, of Wem, Shropshire, and survived his mother but a very short time, Lady Williams having died at Wem on the 23rd February. He was for twelve years physician to the Worcester Dispensary, and for sixteen years physician to the Worcester Infirmary, the latter of which appointments he retained until very recently, when, on resigning, he was appointed consulting physician. For several years he had acted as honorary secretary to the Worcester Musical Festivals, and contributed in no small degree to the success of these well-known meetings, being himself an accomplished musician. Several valuable papers from his pen have appeared in various medical publications. Dr. Williams was greatly esteemed in Worcester and its neighbourhood, where his loss will be deeply felt by the rich for his great professional skill and many endearing social qualities, and by the poor for his benevolence and valuable services rendered "without fee and without reward."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on the 4th, 9th, and 10th inst.:—

C. E. Barnard, Arthur H. Jones, O. Edwards, E. S. Medcalf, A. Churchward, H. Clarke, and D. C. Morgan, Guy's Hospital; W. H. P. Sheehy, T. G. Alderton, R. Wharry, J. Adams, C. E. Harrison, J. Mills, H. B. Boulter, A. J. Stürmer, and J. Macready, St. Bartholomew's Hospital; B. Bubb, King's College; J. Couldrey and A. R. C. Mercer, Charing-cross Hospital; J. B. Sincock and R. D. Smith, London Hospital; J. A. Hardy, St. George's Hospital; A. Tomes, Middlesex Hospital; E. A. Morgan, Liverpool; J. D. Henwood, G. Brown, and H. Leeds, Charing-cross Hospital; L. Davies, Edinburgh and Guy's Hospital; W. Baly, D. W. D. Comins, S. Benton, A. J. H. Helby, and H. Bott, St. Bartholomew's Hospital; J. Griffiths, J. W. Davies, A. Hooper, L. Rudd, E. O. Day, and J. W. Mason, Guy's Hospital; G. S. Harpur and F. W. Friend, St. George's Hospital; C. J. Manning, A. S. Morton, D. N. Parakh, W. J. C. Swift, H. Eales, B. M. S. Roth, and H. R. Crocker, University College; G. F. Rossiter, St. Thomas's Hospital; W. R. Williams, King's College; J. Barlow, Glasgow; L. J. Newnham, Charing-cross Hospital; W. Tonge-Smith, J. Hopkins, J. W. G. Sellon, T. E. Maclean, and E. Jelly, University College; M. M. Gonsalves and F. Tyrrell, St. Mary's Hospital; L. J. Wilding, E. O. Reynolds, and A. B. Crowther, Guy's Hospital; A. P. Woodforde, P. N. Hart, and W. Squire, St. Bartholomew's Hospital; J. H. Allden and W. F. P. Boase, London Hospital; E. P. Vines, King's College; W. E. Cree, Middlesex Hospital; W. Bickford and H. W. Verdon, St. Thomas's Hospital; G. J. Briggs, Hull; W. Jackson and T. C. Denby, Leeds.

Of the 108 candidates examined on the 2nd, 3rd, and 4th inst., 24 failed to satisfy the Court, and were referred for a period of three months' further anatomical and physiological study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 4th:—

Brumwell, James Parker, Kendal, Westmoreland.
Donaldson, Henry, Cambridge-road, Hammersmith.
Evans, Thomas, Trinity-square, Borough.
Pitts, Robert Zaccheus, Hingham, Norfolk.
Scott, John Walter, Torpoint, Cornwall.
Wright, John Frederick, Seymour-street.
Wright, Francis James, Preston, Lancashire.

On the same day the following gentleman passed his First Professional Examination:—

Jennings, William Oscar, Guy's Hospital.

THE Annual Festival of the National Hospital for the Paralysed and Epileptic, Queen-square, Bloomsbury, was celebrated on Wednesday evening at the Albion Hotel, the Marquis of Lorne taking the chair. At the close of the evening the receipt of £1000 in donations and subscriptions was announced.

THE HORTON INFIRMARY, which is shortly to be opened at Banbury, and which was built by the late Miss Horton, at a cost of £10,000, promises to be a model institution of its kind, having been erected with a strict eye to modern sanitary improvements. It stands in its own grounds, and consists of a centre block with a high tower, forming the executive portion of the building, and two wings, in which are the patients' wards, and which were constructed on the same principle as that adopted in St. Thomas's Hospital. All the rooms are lofty and commodious, the floors are waxed over, and the walls covered with parian cement. There are also large grounds in connexion with the building.

THE ladies of Alsace have been making energetic efforts to give the rising generation of Alsatians at least a French education, and have established a system of teaching children gratuitously in private families. This form of patriotism has now drawn forth a document from the German authorities at Mulchausen, protesting against the practice as being a violation of the new German regulations. Moreover, the ladies are accused of the heinous crime of giving the children sweetmeats, so that when they afterwards attend the German communal schools, where a "stronger and more solid education awaits them," they arrive there "with confused heads and disordered stomachs, unable to learn or even to listen."

DONATIONS ETC. TO MEDICAL CHARITIES. — Miss Ann Rushton bequeathed £2500 each to the General Hospital and Queen's Hospital, Birmingham; and such part of the "residue" as may be available for charitable purposes between several local charities, among them being the Eye Hospital, Birmingham. The Royal London Ophthalmic Hospital has received a fourth £1000 from "T. R. C." The Asylum for Idiots has received a fourth £1000 from "N. C. K." The Metropolitan Free Hospital has received another £1000 from "E. G." £300 five per cent. stock in the Chester and Holyhead Railway has been transferred to the Royal United Hospital, Bath, anonymously, through Mr. J. Stone. Mr. John Howell, of Cadogan-place, bequeathed £200 to the St. Mark's Hospital. The Coombe Lying-in Hospital, Dublin, has received £500 from "Anonymous."

THE CAMBRIAN SANATORIUM. — This sanatorium was established at Llandudno several years ago by Mrs. Goode, the widow of the late Dean of Ripon, who also acts as lady superintendent and manager of the institution. Besides some orphan children, about 80 chronic, convalescent, and other cases have been admitted during the past three years. Llandudno is favoured with one of the best winter climates in this country; and as cases requiring sea air and rest occur at all seasons, the sanatorium has, with the approval of the medical officers, been kept open throughout the year, although at a considerable sacrifice. Dr. Nicol, of Llandudno, whose experience of the working of the sanatorium is considerable, recently called attention to its usefulness. We understand that the originator and lady superintendent of the institution is responsible for whatever deficiency of funds may result from carrying it on, and that, rather than curtail its benefits, deserving and pressing cases have been admitted

on special terms. The deficiency has, it is to be feared, not been inconsiderable. We hope soon to hear that the Cambrian Sanatorium is a self-supporting institution; for it appears to meet a need in providing a home and attendance for poor women requiring rest and change of air for their restoration to health.

Medical Appointments.

AYRES, Mr. H. M., has been appointed Dispenser to the Leamington Provident Dispensary.

BORNHAM, W. T., L.R.C.P., M.R.C.S., has been appointed Admiralty Surgeon to the Coastguard Stations of Langton, Kerring, and Abbotsbury, vice G. Parker, M.D., resigned.

BOWKETT, T. E., jun., M.R.C.S.E., has been appointed Medical Officer to the Pioneer Lodge of Odd Fellows, Poplar, vice B. J. M. Grant, M.R.C.S.E., deceased.

DUNTINE, R., L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for the Brough District of the East Ward Union, Westmorland, vice A. Lindsay, M.B., L.R.C.S.Ed., resigned.

DRAPER, T., M.B., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Visiting and Consulting Physician to the District Lunatic Asylum, Enniscorthy, Co. Wexford, vice T. G. Cranfield, M.D., M.R.C.S.E., deceased.

GENTLE, D., M.D., L.R.C.S.Ed., has been appointed Assistant Medical Officer to the Middlesex Lunatic Asylum, Colney-hatch, vice A. Strange, M.D., L.R.C.S.Ed., appointed Medical Superintendent of the Salop and Montgomery Lunatic Asylum, Bicton.

GIBB, G., M.D., has been appointed Medical Officer for Row, Dumbartonshire, vice J. Skene, L.F.P. & S. Glas., resigned.

GRAY, A. C., M.D., has been appointed Medical Officer for the Selby District and the Workhouse of the Selby Union, Yorkshire, vice J. Fothergill, M.R.C.S.E., resigned.

JACK, C., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for District No. 6 of the Leeds Union, vice J. Wesley Webb, M.R.C.S.E., deceased.

LUCKIE, J. L., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Surgeon to the Forrest Iron and Steel Company's Works, Treforrest, Pontypridd.

MAC LAGAN, A., M.D., has been elected a Medical Officer for the Parish of Tannadice, Forfarshire.

MOORE, C. F., M.D., F.R.C.S.I., has been appointed a Physician to the Fever Hospital and House of Recovery, Cork-street, Dublin.

MYLES, T. W., L.A.H.Dub., has been appointed Resident Apothecary to the House of Industry Hospitals, Dublin, vice J. Leonard, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

POWDRELL, J., M.R.C.S.E., L.M., has been appointed Surgeon to the Jolly Bucks Odd Fellows' Lodge, Manchester Unity, vice H. Luke, M.R.C.S.E., resigned.

PRYTHERCH, J., M.D., M.R.C.S.E., has been appointed an Hon. Medical Officer to the North Dispensary, Liverpool.

RAYNER, Mr. J., has been appointed Medical Officer for the Woodbury District of the St. Thomas Union, Devon, vice P. C. Hayman, M.R.C.S.E., resigned.

SIMPSON, T. P., M.D., M.R.C.S.E., Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital, has been elected Medical Officer to the Portsea Island Union Workhouse, vice F. Page, M.D., F.R.C.S.E., deceased.

SIMS, C., L.D.S. R.C.S.E., has been appointed Dental Surgeon to the Queen's Hospital, Birmingham, vice S. Adams Parker, L.D.S. R.C.S.E., resigned.

SMITH, A., M.D., has been elected a Medical Officer for the Parish of Tannadice, Forfarshire.

SMITH, S. S., L.R.C.P.Ed., L.M., M.R.C.S.E., has been appointed an Hon. Medical Officer to the North Dispensary, Liverpool.

SWAN, W., M.B., M.R.C.S.E., has been appointed House-Surgeon to the Seamen's Hospital, Greenwich, vice R. C. Pope, M.R.C.S.E., whose appointment has expired.

VICKERY, G., M.D., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballymartle Dispensary District of the Kinsale Union, Co. Cork; also Medical Attendant to the Royal Irish Constabulary, Ballymartle, vice William Donovan, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

VORES, W. M., B.A., has been appointed a Resident Medical Officer to the Royal Free Hospital, Gray's-inn-road.

WALKER, A., M.B., has been appointed Medical Officer for the Whaley District of the Macclesfield Union.

WALLACE, S. L., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Ripon Dispensary.

WALLIS, E. D., M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Blything Union, Suffolk.

WHITE, H. F. LA TOUCHE, L.K.Q.C.P.I., L.R.C.S.I., L.M., has been appointed Medical Officer and Public Vaccinator for the Caxton No. 1 District of the Caxton and Arrington Union, Cambridgeshire, vice T. G. Brook, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BRANDER.—On the 7th inst., at Inglevar House, East-end, Finchley, the wife of Dr. John Brander, of a daughter.

DAVSON.—On the 4th inst., at Roseville, Dartmouth, the wife of F. Adams Davson, M.D., of a son.

INNES.—On the 8th inst., at Netley, the wife of F. W. Innes, M.D., C.B., Inspector-General of Hospitals, of a son.

LEADAM.—On the 8th inst., at Gloucester-terrace, Hyde-park-gardens, the wife of W. Ward Leadam, M.D., of a daughter.

LIVEING.—On the 1st inst., at Manchester-square, the wife of R. Liveing, M.D., of a son.

PERRY.—On the 28th ult., at Burton-on-Trent, the wife of Charles Perry, L.R.C.P., of a daughter.

MARRIAGES.

DUKES—BELL.—On the 20th ult., at Upper Norwood Chapel, M. Charles Dukes, M.D., of Wellesley-road, Croydon, to Maria, second daughter of James Bell, Esq., of "Penybryn," Upper Norwood, Surrey.

JOHNSON—BOARDMAN.—On the 10th inst., at St. George's, Leicester, C. J. B. Johnson, L.R.C.P.Ed., of Whitwick, to Annie, youngest daughter of the late Thomas Boardman, Esq., of Swadlincote.

LE SUEUR—DANIELL.—On the 6th of February last, at St. Mary's Church, Port Elizabeth, Cape of Good Hope, E. T. Le Sueur, M.D., District Surgeon, Port Elizabeth, to Florence, daughter of the late Capt. Daniell, R.N., and niece of George Dunsterville, Esq., F.R.C.S.E.

DEATHS.

AIR.—On the 28th ult., at Kennington-park-road, Mary, the wife of A. Cummings Air, jun., L.R.C.P.L., M.R.C.S.E.

BARNES.—On the 31st ult., T. Barnes, M.D., of Bunker's-hill, Carlisle, aged 78.

DAVIS.—On the 6th ult., at Coonoor, Madras Presidency, Willoughby Farquhar, eldest son of Surgeon Wm. Farquhar Davis, M.D., F.R.C.S., H.M.'s Indian Army, aged 5 years and 1 month.

I'ANSON.—On the 4th inst., W. A. I'Anson, M.R.C.S.E., of Newcastle-on-Tyne, aged 56.

RIDLEY.—On the 27th ult., John Ridley, Surgeon, of Cleator Moor.

SMITH.—On the 5th inst., at Great Yarmouth, Spencer Percival, second son of J. C. Smith, M.R.C.S.E., in his 15th year.

TANNER.—On the 6th inst., at Gloucester House, Ledbury, Herefordshire, Harriette Emily, the wife of Robert Tanner, M.D., aged 31.

Medical Diary of the Week.

Monday, April 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Thorowgood will exhibit some new French Pharmaceutical Preparations.—Dr. Leared: "A remarkable Recovery after a Pistol-shot Wound through the Thorax."—Dr. Royes Bell, "On Enchondroma of the Thumb."—Dr. Edwards Crisp will read an abstract of the Fothergillian Prize Essay for the year 1872, on Croup.

Tuesday, April 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Guy: "Statistics, Social Science, and Political Economy."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following specimens will be exhibited:—Stricture of the Œsophagus; Abscess of the Liver, with Ulceration of the Colon; Effusion of Blood into the Corpus Striatum and Gangrene of the Lower Extremities owing to Obstruction of the Aorta by a Clot; Carcinoma of the Descending Colon causing fatal Obstruction; Intra-Cardiac Tumours; Lymphoid Cancer of the Small Intestine; Heart with Vegetations on the Valves, from a case of Acute Chorea, associated with Embolism; Intussusception of the Rectum; Osteo-Sarcoma of the Lower End of the Femur.

Wednesday, April 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, April 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Tyndall, "On Heat and Light."

Friday, April 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. A. Vernon Harcourt, "On the Sulphurous Impurity in Coal-gas and the means of removing it."

Saturday, April 20.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. R. A. Proctor, "On the Star-Depths."
ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DIPLOMA OF MEMBER.

Anatomical and Physiological Examination, March 30th, 1872.

From 1 to 4 o'clock P.M.

Candidates *must* answer four out of the six questions. Answers to *less* than six questions will not be received before half-past 3 o'clock.

1. Describe the structure, connexions, and relations of the iris; trace from their origin to their distribution its arteries and nerves.
2. Describe the adult male bladder, its position when contracted and distended, its connexions, and the structure of its muscular and mucous coats.
3. Describe in detail the action of the heart. How do you account for its sounds and impulse?
4. Give the dissection required, and mention in the order in which they appear the parts that must be removed in order to expose the supinator radii brevis.
5. Describe the pancreas, its situation, shape, and structure, the composition and uses of its secretion.
6. Give the physical characters and chemical composition of urea; state how its presence may be detected in the urine and other fluids.

Notes, Short Comments, and Answers to Correspondents.

HYDROPHOBIA.

DR. REICH has recently collected and analysed all the information that can really be said to bear upon rabies. Of the hydrophobic virus he admits, of course, that we have not even the trace of a conception. Criticising Roucher's experience of hydrophobia in Algeria, he concludes that the disease originates among unclaimed, uncared-for dogs, rather than among more favoured animals, and among hybrid curs and pointers oftener than among dogs of other breeds. Of thirty-four dogs smitten with hydrophobia in Algeria, only eleven were Arabian; twenty-three were of European origin, and belonged to the pointer or Pomeranian variety. Unsatisfied wants of nature among these unclaimed dogs must favour the outbreak of the disease. Hydrophobia, it is true, does not occur in Eastern countries, where, of course, unclaimed dogs abound. But this is easily explained. In Constantinople the dogs go free, but they are not vagabond; they live in classes, and their natural wants are satisfied. The *quæstio vexata* as to whether the nursing mother, smitten with hydrophobia, can impart the disease to her suckling, would seem answered in the affirmative by two cases—one of a hydrophobic negress, whose suckling died with all the signs of rabies; another of a rabid dog, whose pups were similarly affected. Dread of water (as has long been known) is not a pathognomonic symptom of rabies, popular prejudice notwithstanding. To the French doctrine that the man is more liable to contract the disease than the woman, and that the age most favourable to its reception is between thirty and sixty, Dr. Reich replies that the statistics pointing to this only prove that man is more exposed to canine contact than woman, and more so after thirty than before it. He agrees with Tardieu, however, in fixing the greatest frequency of rabies in June, July, and August, and its least in December, January, and February; while its period of incubation averages between thirteen and thirty days. Dr. Reich scouts as equally cruel and ineffective the ordinary precautions against hydrophobia—the muzzle, for example, and the dog-tax. Let every dog receive from its owner good nourishment, washing, non-exposure to excessive heat, dry and clean kenneling, and opportunity of coitus with its proper mate, and he predicts that rabies would cease to occur. Vigilantly watch sickly dogs; immediately isolate and carefully attend those bitten by them; in the case of dead hydrophobic dogs, burn their kennel, trough, straw, &c., and disinfect their chain with hydrochloric acid; cover their corpses with unslacked lime, and bury them deep;—such are Dr. Reich's precautions against the disease. The wholesale slaughter of dogs among whom a rabid one has appeared is a recommendation, though made by many physicians and municipal authorities, at once barbarous and useless in the eyes of Dr. Reich.

Medicus.—The usual course under the circumstances stated is to acquaint the first medical man in charge of the wishes of the patient.

Hamlet should apply to some analytical chemist.

BICHLORIDE OF METHYLENE AS AN ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—A female relative of mine was lately told by a London dentist that bichloride of methylene is "a very safe anæsthetic." Another dentist in the same city informs her it has been "fatal in many cases."

As I had intended to try the bichloride, I should be much obliged if you or any of your readers, who have the best means of knowing, would inform me, through your pages, which of the above contradictory statements is correct. All the information I have gathered from the medical journals &c. would lead me to suppose the former.—I am, Sir, yours &c.

April, 1872. ANÆSTHETIC.

Church of England.—Our correspondent may be right in nursing his dislikes and allowing them to interfere with great practical and urgent duties such as that involved in promoting a Hospital Sunday. But we feel sure that he is wrong; and we hope he does not represent any considerable section of his Church.

Mr. W. Lyon.—We fear the paper referred to has been mislaid.

INFECTION BY BANK NOTES.

UNDER this heading a very sensible letter appears in a late number of the *Scotsman*; and the subject seems worthy of a passing remark. That the danger of infection by means of bank notes, though perhaps somewhat exaggerated, is real, especially in Scotland, where "one-pun' notes" are in vogue, can, we think, hardly be disputed. Judging from the condition of some of the specimens of "paper" that come under observation now and again, "all tattered and torn," and with the dirty marks of digital pressure thick upon them, one may well suppose that the history of a "fiver," or *a fortiori* of one of its humbler brethren, if it could be written, would be at least as entertaining and instructive as the "Story of a Feather," or other biography of that class. It is not so much in the handling of these consistent representatives of "filthy lucre" as in the frequent application of the tips of the fingers to the lips or the tongues of those engaged in counting them that the danger of infection more particularly lies. To guard against this risk, it has been suggested that the telling-tables of banking-houses should be furnished with a number of wet sponges to supply the moisture necessary to facilitate the process of enumerating the amount represented by the notes. Indeed, this plan appears to have been already adopted in some of the Edinburgh banking-houses, and to be greatly approved. Of course soiled notes should be as soon as possible withdrawn from circulation and destroyed.

Mr. J. C. Garman had better apply to the secretary of the College.

SHROPSHIRE EYE AND EAR HOSPITAL.

To the Editor of THE LANCET.

SIR,—Our attention has been called to some letters in your journal concerning the Medical Report of the Shropshire Eye and Ear Hospital. As members of the Committee, and taking a great interest in the charity, and of the number of those troublesome correspondents referred to in that report, we beg to say, as regards ourselves and other governors, that the information given in it is what has been requested, and such as non-professional men require to enable them to consult the good of the poor patients. We hope Dr. Andrew will find it possible both to act in accord with the majority of his medical brethren and consult our wishes, and will continue to give such suggestions (plain to our non-professional minds) in preference to a mass of uninteresting statistics which few read. Possibly we may be very obtuse, but the self-laudation spoken of is so very microscopical that we fail to detect it; and we are at a loss to discover why the advice to patients to come early should be considered a fault in the report; judging by the severe cases coming weekly, we should say that the cry ought rather to be re-echoed far and wide. Dr. Andrew, we hope, will not be annoyed by this correspondence, and, we think, may rest satisfied with the esteem in which his unremitting personal attention for years is held, and by the prosperity of an institution which has become a boon to the neighbourhood.

We remain, Sir, your obedient servants,

ROBERT E. WARREN, Honorary Secretary.
J. R. LEGH, Vicar of Astley.

April 2nd, 1872.

To the Editor of THE LANCET.

SIR,—Another anonymous letter having appeared in your issue of March 30th, I think it is only fair to Dr. Andrew, whose high and honourable feelings in connexion with his profession would prompt him to avoid even the semblance of egotism, and whose only desire is to act in a truly professional spirit, to state that the report, before being read at the General Meeting, was referred to several (and to myself among others as one of the few medical governors) to make any alterations or erasures we thought fit. I can only say that, considering the purpose for which it is intended, I gave my full approval, and see no reason whatever to alter my opinion. I should have replied before, but thought the whole matter too trivial.

Your obedient servant,

HENRY KEATE.

Swan-hill, Shrewsbury, April 2nd, 1872.

*** The correspondence upon this subject must now close, and we are compelled to exclude several letters which have reached us since the foregoing were in type. Our comments upon Dr. Andrew's report were simply to the effect that he had laid himself open to the charge of blowing the trumpet of his institution in a manner which did not come with entire good taste from the sole surgeon to it, and which was capable of being interpreted into a reflection upon others. His call to patients to come early, on account of the evil consequences of imperfect treatment elsewhere, was one which might easily be so understood as to do harm to any practitioner who had first had charge of a case that afterwards resorted to the hospital. It may be true that the words of the report are borne out by facts; still those words would have more fitness if some other than Dr. Andrew had been the person to utter them. The approval of Mr. Keate is doubtless important; but we do not see that it establishes anything, unless it be that the æsthetic perceptions of that gentleman have been only imperfectly cultivated. Mr. Warren and the Rev. Mr. Legh speak according to their lights on a subject which is *ultra crepidam*. We repeat, in conclusion, what we have twice said already—that Dr. Andrew is a gentleman of high character and attainments, but he is not on that account exempt from a liability to fall into error through excess of zeal.—ED. L.

J. J. W.—The question is entirely one of contract. The Court of Chancery enforces such contracts when asked to do so by anyone entitled to demand their fulfilment. If the contract is in proper form, the executors of a deceased medical man will be entitled to insist upon its fulfilment, otherwise the goodwill of a practice would not be worth much. We do not recall any recent decision by the Vice-Chancellor. But the principle upon which he decides such cases is as we have represented, and very properly so.

Inquirer.—If B—— is the only medical man in the parish, we do not see how the Board could refuse to appoint him.

RECRUITS FOR THE ROYAL ARTILLERY.

THERE appears to be some difficulty experienced in procuring recruits possessing the *physique* necessary for the Royal Artillery. General Edwards touched upon the subject in his recent Report on Recruiting. Members of the House of Commons who happened to know what the system of feeding some favoured corps at the expense of the rest of the army had done for France were naturally averse to anything of the kind being attempted in England. Mr. Cardwell was, however, able to explain that the only reason why volunteers from the Line regiments to the Royal Artillery were demanded was the fact that the former were above and the latter below the established strength. We do not believe that "soldiering" in the present day taxes the physical powers a bit less than it did. The soldier's constitution and energy are not subjected to the chronic strain that the long-service system entailed; the soldier has not to last so long; but the strain is the same, or worse than it was, while it lasts. We have running drills now, besides gymnastic exercises, military manœuvres, the exposure of standing camps, and no end of field days. It is still the case that young men remain content to lead a starvation-life in agricultural districts, and close their ears to the voice of the recruiting sergeant, although they are unquestionably better off in the army.

Mr. Julius Jacob (New York). — We cannot undertake to prescribe. Our correspondent had better consult some physician of repute in his own city. *Mr. Saister's* paper shall, if possible, appear next week.

TREATMENT OF INTESTINAL OBSTRUCTION.

To the Editor of THE LANCET.

SIR,—Within the last twelvemonth I have noticed two cases reported of Intestinal Obstruction—one (by whom reported I forget) in which the patient underwent the operation of gastrotomy, no band or intussusception being found to account for the mischief; the other, reported by the late Dr. Hyde Salter, in which no operation was performed, and on post-mortem examination fibrous bands were noticed giving rise to the obstruction, which possibly an operation might have relieved. The following case I think worthy of report, as showing to what an extreme life may be brought, and yet recovery take place without operation.

A well-grown, strong-looking Kaffir, aged about twenty-five, was admitted into the Port Elizabeth Hospital on October 13th, 1871. He stated he had no evacuation for seven days; the abdomen was very distended; tongue foul, but moist; pulse 80. He said that about seven days previously he was lifting a cask into a waggon, when he felt a sudden pain in the left inguinal region, and soon after had an inclination to stool with straining. On admission he was ordered an enema of soap, turpentine, and oil, which brought away a large quantity of fæces. He had three enemata in the course of the day, no fæces coming away with the last one. Ordered solution of atropia, three minims; sulphate of magnesia, one drachm; dilute sulphuric acid, ten minims; water, one ounce: every four hours.

Oct. 14th.—Pupils not affected by the atropine; increased to five minims.

16th.—Taking ten drops every four hours. Pupils dilated; throat and tongue dry.

18th.—Omit the sulphate of magnesia, and give five minims of the solution of atropia every two hours. Passed a long tube, and injected a large quantity of water. No effect; abdomen enormously distended.

21st.—Fæcal vomiting set in to-day.

22nd.—Proposed gastrotomy, which was refused, the man saying, "we might know well enough what was inside a white man, but we didn't know what was inside a black fellow." Ordered tincture of opium, twenty minims; solution of atropia, five minims; sulphate of magnesia, one drachm: every four hours.

23th.—Pulse above 100, very low. Consented to an operation. Accordingly a private room was prepared; temperature attended to, hot water, flannels, &c., and everything in readiness. After inhaling the first whiff of chloroform the patient raised himself from the operating table with an expression of great terror, and refused to have anything done.

30th.—Very low; pulse very small and feeble, presumed to be falling. Asked to have some "strong medicine to work down." Gave a placebo of water tinged with infusion of gentian, rather than do positive harm by purgatives. In the evening the bowels were copiously relieved by the evacuation of three chamber-vesselfuls of poultice-like fæces.

From this date, having full faith in the "bitter water," he continued to mend.

Nov. 8th.—Walking about the garden. The abdomen returned to its usual size.

For seventeen days the patient was under close observation, and partook of no solid food whatever. Occasionally he would wash out his mouth with cold water, and drank a small cup of sour milk in the course of the day. The Kaffirs, whose constitutions are not undermined by "fire water" and town life, are equal to anything; they make splendid surgical patients, and are as tough as the wild buffaloes which share with them the bountiful region of Kaffirland.

In the present case, soon after the full effect of the atropine was brought about, the bowels were relieved. I think it is only fair to conclude that the treatment adopted assisted the *vis medicatrix* in producing the result.

I remain, Sir, yours, &c.,

Port Elizabeth, South Africa, January, 1872. FREDERICK ENDON.

Query.—According to the statement of facts given by our correspondent, it appears to us that C. D—— should either have intimated his intention of visiting the hospital to the medical officer in charge, or have accompanied him round its wards. If, moreover, he was a party to the understanding that with a view to perfect isolation none of the local medical men were to visit the hospital, he should have conformed to it, and have abstained from going.

TAMAR INDIEN.

To the Editor of THE LANCET.

SIR,—I would feel obliged if some of your readers would inform me through your columns what is the active ingredient in the French preparation Tamar Indien, which is largely used in France as an aperient in cases of hæmorrhoids. Yours truly,

Leamington, March 27th, 1872. JAMES THOMPSON, M.B.

DR. A. B. GRANVILLE.

IN our obituary of this gentleman we were wrong in saying that he left a son, the Rev. A. B. Granville, rector of Hatherton, North Devon. The Rev. Mr. Granville was vicar of Hatcham, London, S.E., from which he retired a few years ago, and has remained since without preferment. Two other sons were—Walter, for some years Government architect of India and Arthur, a civil engineer, now in America. The late Dr. Granville was intimately connected with the Royal Institution, to the Board of Visitors of which for more than twenty years he acted as honorary secretary.

MASTER AND SERVANTS (WAGES) BILL.

To the Editor of THE LANCET.

SIR,—You have done good service to the profession by your remarks on the medical bearings of the Master and Servants (Wages) Bill. I consider it to be a vital matter to those holding appointments, and to the working classes themselves, to have the question of medical attendance on works put in its true light, and to urge upon the Government such an alteration in the Bill as you recommend.

As to any opposition on the part of isolated practitioners, it will only be taken for what it is worth. Allow me to place my own experience against that of "A Mine Surgeon" of Cornwall.

By the vote of the men themselves I was appointed surgeon to a manufactory where about 900 men are employed, perhaps one of the largest works in the North of England. There are other similar appointments in these counties. I have held my office with the greatest possible concurrence of the men and their families. In 1844, when the present firm came into possession of the works, I was re-elected by the men to the position which I had held under the former proprietors.

The sum deducted weekly from the men's wages, besides going towards the salary of the medical officer, forms the foundation of a sick and benefit fund, and provides a newsroom. All this is largely supplemented by the proprietors themselves. As might be expected, the results are such as to lead to anything but the combinations and strikes which seem to be so common in Cornwall. I am, Sir, yours, &c.,

South Shields, April 8th, 1872. JAMES WILLIAMSON, M.D.

To the Editor of THE LANCET.

SIR,—I am astonished at the apathy of gentlemen largely interested in the medical bearings of the Master and Servants (Wages) Bill. If they do not bestir themselves, our paternal Government, in carrying out opinions based on the most imperfect and illusory foundations, will sacrifice both them and their working-class patients.

How is it, Sir, that when an important measure is brought into Parliament the framers of that measure do not bring to bear in its formation sound and truthful facts, but mistake for them solitary and exceptional instances? I suppose because the truth is unknown. Surely the least the legislators could have done was to have made proper and extended inquiries; and had such been made, I fearlessly assert that it would have been found that, in the majority of cases, the working men *have* their own choice in the appointment of the medical attendant to the works. Although only a student, I can testify from experience how cordially the workmen concur in these appointments. More than this, the Bill confounds together medical attendance on factories with the abominable iniquities of the truck system, and would crush them down as a nuisance to the community. Will gentlemen, then, not indignantly repel this libel on the profession?

I am, Sir, your obedient servant,

April 8th, 1872. A FOURTH-YEAR'S STUDENT.

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Mine Surgeon," in THE LANCET of March 30th, in referring to the appointment of surgeons to workmen in connexion with mines, says: "The system generally adopted is most unsatisfactory to the men, and unjust to the local surgeons, the medical man appointed being some friend or relative of the manager or proprietor, perhaps living eight or ten miles from the mine, and whose appointment is quite a sinecure. The surgeon living in the immediate neighbourhood has all the work for, it may be, one-fourth of the pay." Now this case, which is certainly a hard one for the workmen, and unjust to the local surgeon, is, I am convinced, a rare one and very uncommon; and if "A Mine Surgeon" is suffering in the way he describes, why does he not ask the men to represent to the masters the injustice of their paying for a medical man whose services cannot be had conveniently when required? I do not see what reason he has to find fault with a relative or friend of the proprietor or manager being appointed surgeon to the work. Is a medical man to be debarred from holding an appointment to a friend's work simply because he is a friend? Has he not a licence and qualification for the duties? I trust the day is far distant when members of the medical profession will hold appointments solely from the men in connexion with the mines. Were such the case, what would be the result supposing there were several surgeons competing for the appointment? Very likely bribery and corruption. The medical man who would do the lowest things (and I am sorry there are a few in our profession, as in other professions, who can resort to low means), such as treating the men, giving them money, &c., would be the successful one. That is one reason why the men should not have the appointment solely in their own hands; and another is, that they are not permanently attached to the work. To use a *simile*, they are "birds of passage"—here to-day and away to-morrow. I think "A Mine Surgeon," and all who have practised in a mining district will admit, that the great mass of miners are deficient in intelligence, and have no more idea of the qualifications of a surgeon than they have of the anatomy or structure of the human body.

Let us suppose that the surgeon held the appointment from the men, and subject to be dismissed when they thought proper, how would he be used by them? He would require to be constantly their slave, have to run at their call for trifles at all unreasonable times, subject to their caprice; and the result would be change of doctor continually, until no respectable medical man would have anything to do with them.

The only improvement I would suggest is that the masters, to show to their workmen that they wish to give them a voice in the selection of a surgeon, should nominate two or three surgeons when an appointment requires to be made, and allow the men to vote for one by ballot; and after he was elected in this way, he would only be subject to be dismissed by the masters, after a representation by the men, *well founded* and with which the masters were satisfied, that he had neglected to do his duty. This would, I think, be a very satisfactory arrangement, just to the workmen, and fair to the local surgeons. I am, Sir, yours truly,

April 3rd, 1872. ANOTHER MINE SURGEON.

THE CONTAGIOUS DISEASES BILL.

SIR J. TRELAWNY, in the remarks recently delivered by him in the House of Commons *apropos* of the notice given by the Government of their intention to bring on the Contagious Diseases Bill for a second reading on the 22nd instant, made several "hits" that were at once perceived by the House. Our readers are aware of the pusillanimity displayed by Mr. Bruce in this matter. Sir J. Trelawny called to remembrance that on this subject we had no Government, or, what was worse than no Government, petticoat Government, and that the Government had in fact abdicated its functions. So far from having a Premier on this question, we had only a "Dernier." Mr. Bruce seems to have been fairly taken off his feet by the petitions that have been presented to Parliament against the Acts; but he ought surely to know that it is easy to manufacture petitions for anything by the acre. Some good people thought they were signing something for keeping the cattle plague out of England. Contagious Diseases (Animals) Acts were the only Acts known to them. As for Mr. Bruce's Bill, it is, as a legislative measure, below mediocrity.

A Student of Natural History.—Our correspondent refers, we think, to some papers that appeared recently in the *Contemporary Review* by Professor Huxley and Mr. St. George Mivart.

Mr. J. H. Walters cannot do better than refer to the Report of THE LANCET Commission on Filters; but no system of filtration can be said to thoroughly purify sewage-impregnated water.

Dr. Clifford Allbutt's letter has been received, and the notice in it shall be kept in view.

Mr. C. Biddle.—1. We believe it is published.—2. Mr. Berkeley Hill's book.

THE USES OF THE UVULA.

To the Editor of THE LANCET.

SIR,—In January, 1869, I had the honour of calling the attention of the profession to this subject in your pages in the following terms:—"Can any of your readers inform me what are the acknowledged uses of the uvula, and what unpleasant results have been known to follow its shortening or removal?" This failed to call forth a single reply, and in the following October I revived the subject in THE LANCET, and I wrote personally to many eminent members of the medical profession, a summary of whose answers you were good enough to publish at that time. Still the uses of that disregarded little organ were anything but satisfactorily explained. *Quot homines, tot sententiæ.* Even Sir Duncan Gibb, who has recently entered upon the subject in a very able manner, did not extend his answer to my questions beyond the one alluding to the operation. Sir Duncan confines the uses of the uvula to the functions of deglutition and vocalisation (see THE LANCET, Feb. 10th, 1872). Now another proceeding occurs to me, in which, to say the least, it takes a very active part. I inflate my mouth, my cheeks being fully distended, and retain it in this position as long as I please. The inflation remains complete and uninterfered with (so with blowing a well-sustained jet of tobacco-smoke from the mouth), the breathing being performed all the time through the nostrils. I blow a wind instrument; not an atom of breath passes through the nares. Again, with my mouth wide open, I am able to drive the whole current of respiration through those nasal channels, none passing through the oral chamber. Now, in a recent case of enlarged and very much elongated uvula, my patient told me that in performing the three several movements which I have suggested above, he distinctly felt the uvula taking up its proper position to barricade the particular route which the respired air did not traverse, and, his mouth being opened quickly on each occasion, I was well able to see the uvula sluggishly returning to "as you were." I shortened the uvula to its natural length, and the three before-mentioned performances were accomplished with *greater* facility and promptitude.

Now, Sir, with regard to the *removal* of the uvula. I have not myself seen a single well-attested case of any ill-effects having arisen from that operation, and indeed some authors (the late Dr. Yearsley, for instance) declare that "in order to gain all the advantages, and insure no disadvantage, from the operation, it is necessary that the *whole of the uvula* should be removed, and not a part only, as has been the usual practice." Indeed he lays it down as an axiom that "the shortening of the uvula is a most objectionable proceeding."

Dr. Horace Green, of New York, a man of most extensive experience, entirely concurs, in his instructive work on the Air-passages, &c., in the above sentiments expressed by Dr. Yearsley. If any gentleman would produce a case of injury and lessened vocalising power arising from the *removal* of the uvula, and exhibit the same at one of the Medical Societies in London, it would do much to set the matter at rest, and give great satisfaction to the profession.

I am, Sir, yours faithfully,
Hastings, March, 1872. C. B. GARRETT, M.D.

Mr. David Agnew.—There are a number of patented doors. All of these depend on the same principle—namely, the admission of air for some minutes after coaling. There is one which is self-acting. Every time the door is opened, holes in the door are opened as the door is closed. These openings are closed by clockwork. The following are good makers: Messrs. Martin and Co., 83, Fleet-street; and Mr. Nichols, Victoria-road Leeds.

Lex had better take the opinion of his lawyer on the subject, as we cannot undertake the responsibility of proffering advice in a matter containing so many possible pitfalls.

M.D (Portsmouth) will find that Part III. of Deschanel's Natural Philosophy, by Professor Everett, on Electricity and Magnetism, will afford the information he requires.

Surg. Porter's (90th Regt.) communication arrived too late for notice this week.

Mr. Robinson.—Copland's Dictionary, price 36*s.*

A CORRESPONDENT who forwards us a circular, and asks if it be genuine, had better communicate with one of the gentlemen whose names are attached to it.

Dr. Philipson is thanked for his courtesy.

W. L. (Gray's-inn).—We have looked over the particulars of account furnished, and consider them very moderate. We can hardly understand a visit being paid for so small a charge as a half-crown to a patient in the position indicated; and a total of less than ten guineas seems little enough to pay for the treatment of a very serious injury, which might easily have entailed a crippled limb for life.

Mr. E. Cross (Edinburgh).—We will endeavour to procure the address, and forward it if successful.

Dr. Gichert has written to us recommending Fire Island, near New York, as a residence for those afflicted with hay fever.

P. Q. K. (Torquay) had better apply to the editor of *Science Gossip*. His request scarcely comes within the scope of a medical journalist.

Dr. J. Cartwright Reed (Fulham).—Could our correspondent furnish us with drawings and a description of the invention in question?

A Reader.—We are not aware of any preparation of the kind alluded to by our correspondent. The only method is that of epilation.

CASE OF POISONING BY THE ARUM MACULATUM ("LORDS AND LADIES"); RECOVERY.

To the Editor of THE LANCET.

SIR,—Would you kindly insert the following case of poisoning and recovery in your valuable journal?

Edward V——, aged forty-three, a labouring man, who is suffering from tapeworm, and has taken several doses of the liquid extract of male fern (P.B.), which have only been followed by the passage of a few "joints" of the worm, thought he would try and cure himself, and for this purpose went into the fields near his cottage, plucked a leaf of the Arum maculatum, and chewed up the stalk and swallowed it. Immediately he had done so he experienced a burning hot pricking sensation in his tongue, throat, and œsophagus, and an intense pain at the epigastrium; the tongue became immensely swollen, and the saliva ran out of his mouth "like water." About a minute after swallowing the stalk he vomited and brought it all up again. He felt somewhat easier after this, but the burning-hot pricking sensation and the swollen state of the tongue continued for a day or so. His appetite did not return for some little time. The patient has now perfectly recovered, and says that he will never try to "doctor" himself again.

The above particulars were related to me by the patient himself, who did not apply to me till some days had elapsed from his taking the poison, and then he was quite recovered from its effects, without having had any medical assistance whatever.—I am, Sir, yours &c.,

RUSSELL STEELE, L.R.C.P. Ed., M.R.C.S. Eng.

Reigate, March 27th, 1872.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Broadbent; Dr. Fothergill; Dr. R. J. Lee; Dr. J. L. Clarke; Dr. Horne, Scarborough; Mr. A. Baynes, Bromyard; Mr. W. A. Patchett, Manchester; Mr. J. Watson, Manchester; Dr. Hewitson; Mr. Berwick; Dr. Wilkinson; Mr. J. James; Mr. Calthorpe; Mr. J. Brander, Finchley; Mr. Atkinson, Lancaster; Dr. Miles, Wyke; Dr. Winslow; Mr. Williams, Norwich; Dr. Smith, Lifford; Mr. Thelwall, Farndon; Dr. Wallace, Stockton-on-Tees; Mr. Smith, Great Yarmouth; Dr. Crane, Leicester Dr. Hooper; Dr. H. Reed, Fulham; Mr. Cremer; Mr. Bradbury; Dr. Carnley, Hull; Dr. Milburn, Sifford; Mr. Davis, Mountain Ash; Rev. H. Moule, Fordington Vicarage; Mr. Platt, Sandwich; Dr. Downes, Taunton; Mr. Taylor, Dundee; Dr. Aveling; Mr. R. B. Carter; Mr. Alexander; Mr. J. Sainter, Macclesfield; Mr. C. Young, Bridgewater; Mr. Rogers, Liverpool; Mr. Cartwright; Mr. J. S. Sequeira; Mr. Cranfield; Messrs. Kay, Brothers, Stockport; Mr. G. Harrison, Streatham; Mr. Boyd; Mr. Grigson; Dr. Hunt, Belford; Mr. R. Smith, Huddersfield; Dr. T. Ventum, Bakewell; Dr. Robinson, Dorchester; Dr. Boyd; Mr. Rogerson; Mr. R. Dowell, Salisburn-on-the-Sea; Dr. Farley, Edinburgh; Mr. Maule, Derby; Dr. Perks, Burton-on-Trent; Dr. Leckie, Pontypridd; Mr. H. R. Hudson, Newport; Mr. W. A. Davies, Llanidloes; Dr. Campbell, Bootle; Mr. Walters, Faringdon; Mr. H. Barnes, Carlisle; Mr. Cuffe; Mr. Brooke; Mr. Eddowes, Bedale; Mr. Skeffington; Mr. B. Caldwell, Carlisle; Mr. Muggeridge; Mr. Reed, Hailsham; Dr. Garman, Wednesbury; Mr. Peyton; Mr. Davis, Yarmouth; Mr. Harrison, Oldham; Mr. Goodwin; Mr. J. Hutchinson; Mr. Howitt; Mr. C. S. Webber; Mr. A. Granville, Tavistock; Dr. Agnew, Greenock; W. Salter; Mr. Page; Mr. Provis; Dr. Air; Mr. R. Simpson, Edinburgh; Mr. W. C. Wise, Plumstead; Dr. More, Rothwell; Mr. Cookson, Okehampton; A. Kelly; Dr. Johnson, Cambridge; Mr. Masters, Thrapstone; Mr. R. McKellar, Lanark; Mr. N. Stephens; Mr. J. Durley, Carlisle; Mr. Craig, Scarborough; Mr. Lender, Bath; Dr. Philipson; Captain Burgess; Mr. Shaw; A Reader; J. J. W.; D. Q.; &c. &c.

Norwich Journal, Leeds Mercury, Metropolitan, Transactions of the Odontological Society, Kelbering Monthly News, Retford News, Jamaica Weekly Gleaner, and *Melbourne Argus* have been received.

NOTICE TO SUBSCRIBERS.

POST OFFICE NOTICE.—The following notice has been issued from the General Post Office, dated the 8th inst.:—"As a large number of newspapers addressed to places abroad, prepaid only with a single rate of postage, although exceeding four ounces in weight, continue to be posted in all parts of the United Kingdom, it is necessary again to remind publishers, newsvendors, and the public generally, that every newspaper intended for transmission through the post to any foreign country or British colony is liable to a separate rate of postage for every four ounces or fraction of four ounces, and that if this postage be not fully prepaid the newspaper cannot be sent forward."

*** In calling attention to the above paragraph, the Publisher would remind subscribers purchasing copies of THE LANCET for transmission abroad that the Foreign Edition printed upon thin paper is under four ounces in weight, and should in all cases be asked for from the news-agents.